CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2025-1272638 Stored Value Cards, Inc. dba Numi Financial Carlsbad, CA United States Date Filed: 02/21/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Collin County Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 2025-167 Prepaid Inmate Release Card Program Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION Joann Torza My name is , and my date of birth is My address is I declare under penalty of perjury that the foregoing is true and correct. _County, State of \underline{CA} _____, on the $\underline{^{21st}}_{\text{day of }}$ Executed in _ San Diego

Signature of authorized agent of contracting business entity