## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

|   |  |  |                                 |  |           | 1011           | _ |
|---|--|--|---------------------------------|--|-----------|----------------|---|
|   | 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.   |  |                                 | OFFICE USE ONLY CERTIFICATION OF FILING                  |           |                |   |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business.  Revolution Data Systems Abita Springs, LA United States  Name of governmental entity or state agency that is a party to the contract for which the form is |  |                                 | Certificate Number: 2025-1284142  Date Filed: 03/20/2025 |           |                |   |
|   |  |  |                                 |  |           |                |   |
|   |  |  |                                 |  |           |                |   |
| 2 |  |  |                                 |  |           |                |   |
| _ | being filed.   |  |                                 |  |           |                |   |
|   | Collin County Clerk  |  |                                 | Date Ackno   | owledged: |                |   |
|   | Provide the identification number used by the governmental ent   |  |                                 |  |           |                | _ |
| 3 | t, and provi   | de a   |                                 |  |           |                |   |
|   | 21/03KN-53   |  |                                 |  |           |                |   |
|   | 2025-090, Preservation Case Files 1893 - 1950  |  |                                 |  |           |                |   |
| _ |  |  |                                 | Nature of interest                                       |           |                |   |
| 4 | Name of Interested Party City, Sta   |  | ate, Country (place of business |  | ·         |                |   |
|   |  |  |                                 | Cor  | ntrolling | Intermediary   | _ |
|   |  |  |                                 |  |           |                |   |
|   |  |  |                                 |  |           |                |   |
|   |  |  |                                 |  |           |                |   |
|   |  |  |                                 |  |           |                | - |
|   |  |  |                                 |  |           |                | - |
|   |  |  |                                 |  |           |                | _ |
|   |  |  |                                 |  |           |                | _ |
|   |  |  |                                 |  |           |                | _ |
|   |  |  |                                 |  |           |                |   |
|   |  |  |                                 |  |           |                |   |
| 5 | Check only if there is NO Interested Party.  |  |                                 |  |           |                |   |
| _ | x  |  |                                 |  |           |                |   |
| 6 | UNSWORN DECLARATION  |  |                                 |  |           |                |   |
|   | My name is Robin Jourdan   | , and my date of   |                                 |  |           |                |   |
|   | My addraga is  |  |                                 |  |           |                |   |
|   | My address is  | (city)   | (sta                            | ate) (z  | ip code)  | <br>(country)  |   |
|   | I declare under penalty of perjury that the foregoing is true and corre  | ct.  |                                 |  |           |                |   |
|   | Executed in St. Tammany Parish   | 1 ^  |                                 | 20   | March     | 25             |   |
|   | Executed inCount   | ty, State of <u>LA</u>   | , on the _                      | <u>~∪</u> day of   | (month)   | , 20<br>(year) |   |
|   |  | Robin Jou  | rdan                            |  |           |                |   |
|   |  | Signature of authorized agent of contracting business entity (Declarant) |                                 |  |           |                |   |