## **CERTIFICATE OF INTERESTED PARTIES**

**FORM 1295** 

|   |   |                                      |                     |  |                    | 1 of 1             |  |
|---|---|--------------------------------------|---------------------|--|--------------------|--------------------|--|
|   | omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  |                                      |                     | OFFICE USE ONLY<br>CERTIFICATION OF FILING |                    |                    |  |
| 1   | lame of business entity filing form, and the city, state and country of the business entity's place f business.  st Run Computer Services Inc.  |                                      |                     | Certificate Number:<br>2025-1318911        |                    |                    |  |
|   | oslyn, NY United States   |                                      |                     | Date Filed:                                |                    |                    |  |
| 2   | ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.  |                                      |                     | 06/03/2025                                 |                    |                    |  |
|   | Collin County   | *                                    |                     |  | Date Acknowledged: |                    |  |
| 3   | rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. |                                      |                     |  |                    |                    |  |
|   | orm 1295 – 2025-136<br>025-136 Fujitsu Document Scanners, Lexmark Printers and Accessories  |                                      |                     |  |                    |                    |  |
| 4   | Name of Interested Party  | City, State, Country (place of busin |                     | · <u> </u>                                 |                    |                    |  |
|   | Name of Interested Party  |                                      |                     |  |                    | Intermediary       |  |
| Mo  | olinari, Robert M.  | Roslyn, NY United                    | n, NY United States |  |                    | memediary          |  |
|   |   |                                      |                     |  |                    |                    |  |
|   |   |                                      |                     |  |                    |                    |  |
|   |   |                                      |                     |  |                    |                    |  |
|   |   |                                      |                     |  |                    |                    |  |
|   |   |                                      |                     |  |                    |                    |  |
|   |   |                                      |                     |  |                    |                    |  |
|   |   |                                      |                     |  |                    |                    |  |
|   |   |                                      |                     |  |                    |                    |  |
| 5 Check only if there is NO Interested Party. |   |                                      |                     |  |                    |                    |  |
| 6   | UNSWORN DECLARATION   |                                      |                     |  |                    |                    |  |
|   | My name is Rhea Schultzberg   | ,                                    | and my date of I    | oirth is _                                 |                    |                    |  |
|   | My address is(street)   | ,(city)                              | ,                   | ate)                                       | (zip code)         | , USA<br>(country) |  |
|   | ,   |                                      | (St                 | ,  | (Elp Gode)         | (country)          |  |
|   | I declare under penalty of perjury that the foregoing is true and correct.  |                                      |                     |  |                    |                    |  |
|   | Executed in NassauCounty  | y, State of New York                 | on the _            | 3rd <sub>day</sub>                         |                    | , 2025             |  |
|   | (month) (year)  |                                      |                     |  |                    |                    |  |
|   | Signature of authorized agent of contracting business entity (Declarant)  |                                      |                     |  |                    |                    |  |