CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| | | | | | 1011 | |
|---|---|--|--------------------|---|---------------|--|
| | 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 CERTIFICATION OF FILING | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2025-1339920 | | |
| | Julian Thomas | | | | | |
| | Mckinney , TX United States | | | Filed: 2/2025 | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | 2/2023 | | |
| | | | | Date Acknowledged: | | |
| 3 | 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. | | | | | |
| | 2024-414 Contract 2024-414, Personal Services Agreement, VALOR, Ju | lian Thomas | | | | |
| 4 | | | Nature of interest | | | |
| | Name of Interested Party | City, State, Country (place of busin | iess) | (check ap | | |
| _ | | | | Controlling | Intermediar | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| | XI | | | | | |
| 6 | My name is Julian Thomas, and my date of birth is | | | | | |
| | my name is VO (100) | , and my date of | dirth is | - | | |
| | My address is | (city) (s | tate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | (a-aa) | (| |
| | Executed in | | | | | |
| | | | | (| U/ | |
| | | Signature of authorized agent of contracting business entity | | | | |
| | | (Declarant) | | | | |