

CERTIFICATE OF INTERESTED PARTIES		FORM 1295		
		1 of 2		
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. Integrated Computer Systems, Inc. Mesa, AZ United States		Certificate Number: 2025-1376458		
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County		Date Filed: 10/14/2025		
		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. 2024-481 ICS CAD Software 2024-481 ICS CAD Software				
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McDonald, Matthew	Portland, OR United States	X	
	Arjona, Luis	Portland, OR United States	X	
	Verburg, Daniel	San Francisco, CA United States	X	
	Loomis , Warren	Ottawa Ontario Canada	X	
	Guinand, Phil	Menlo Park, CA United States	X	
	Thorn, Jason	Menlo Park, CA United States	X	
	Carmil, Yossi	Menlo Park, CA United States	X	
	Rosales, Theresa	Ottawa Ontario Canada	X	
	Schwartz, Adam	Mesa, AZ United States	X	
	Faulkner, John	Mesa, AZ United States	X	

CERTIFICATE OF INTERESTED PARTIES**FORM 1295**

2 of 2

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CERTIFICATION OF FILING**

Certificate Number:
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Integrated Computer Systems, Inc.
 Mesa, AZ United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County

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2024-481 ICS CAD Software
 2024-481 ICS CAD Software

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

Theresa Rosales

My name is _____, and my date of birth is _____.

My address is _____
 _____ (city) _____ (state) _____ (zip code) _____ (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Ottawa County, State of Ontario, on the 14th day of October, 2025
 (month) (year)

Signed by:

Theresa Rosales

37FC0B113F544EA...

Signature of authorized agent of contracting business entity
 (Declarant)