

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.
 MCCi, LLC.
 TALLAHASSEE, FL United States

Certificate Number:
 2018-434162

Date Filed:
 12/14/2018

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

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.
 20181214
 Enterprise Content Management Software, Support and Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Grant, Rick	Tallahassee, FL United States	X	
	Grant, Eric	Tallahassee, FL United States	X	
	McCarley, Mac	Tallahassee, FL United States	X	
	Mincey, Karen	Tallahassee, FL United States	X	
	McKean, Steven	Tallahassee, FL United States	X	
	Watkins, Ben	Tallahassee, FL United States	X	
	Williams, Ash	Tallahassee, FL United States	X	
	Langford, Lawton	Tallahassee, FL United States	X	
	D'Aurio, Victor	Tallahassee, FL United States	X	
	Small, Traci	Tallahassee, FL United States	X	
	Barstow, Donny	Tallahassee, FL United States	X	

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

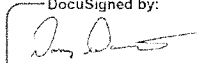
My name is Donny Barstow, and my date of birth is 5.2.1980.

My address is 1958 Commonwealth Lane, Tallahassee, FL, 32303, USA
(street) (city) (state) (zip code) (country)

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

Executed in Leon County, State of FL, on the 14 day of 12, 2018.
(month) (year)

DocuSigned by:



Signature of authorized agent of contracting business entity
 (Declarant)

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 01/22/2019

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	Grant, Eric	Tallahassee, FL United States	X	
	McCarley, Mac	Tallahassee, FL United States	X	
	Mincey, Karen	Tallahassee, FL United States	X	
	McKean, Steven	Tallahassee, FL United States	X	
	Watkins, Ben	Tallahassee, FL United States	X	
	Williams, Ash	Tallahassee, FL United States	X	
	Langford, Lawton	Tallahassee, FL United States	X	
	D'Aurio, Victor	Tallahassee, FL United States	X	
	Small, Traci	Tallahassee, FL United States	X	
	Barstow, Donny	Tallahassee, FL United States	X	

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5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

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

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)