CERTIFICATE OF INTERESTED PARTIES

FORM 1295

					1 of 1				
	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. South Central Planning Houma, LA United States			Certificate Number: 2021-832797 Date Filed:					
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. South Central Planning & Development			12/14/2021 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. COKMPN2021 Software Service								
4	Name of Interested Party City, State, Cour	ity, State, Country (place of business)		Nature of interest (check applicable) Controlling Intermediary					
_			+						
_			+						
_									
	Check only if there is NO Interested Party.								
	My name is belonger, and my date of birth is 11/10/62. My address is 5058 wext Main St., Howa, ht. 7036.0. (street) (city) (state) (zip code) (country)								
	Executed in								
	(Declarant)								

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					
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	outh Central Planning			2021-832797					
	Houma, LA United States			Date Filed:					
2	Name of governmental entity or state agency that is a party to the contract for which the form is			12/14/2021					
	being filed.		Data Asknowledged						
	South Central Planning & Development			Date Acknowledged: 12/16/2021					
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.								
	COKMPN2021								
	Software Service								
4				Nature of interest					
	Name of Interested Party City, State, Country (place of busin		ness)	(check applicable)					
				Controlling	Intermediary				
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 correc	rt .							
	Executed inCount	y, State of, on the	=	day of(month)	, 20 (year)				
				(.	() - -/				
	Signature of authorized agent of contracting business entity								
	(Declarant)								