CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | | | | | 10.1 | | | | |
|--|---|---|------------------------------------|-----------------|----------------|--|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION | | | | | | | | |
| 1 | Name of business entity filing form, and the city, state and cou of business. | | Certificate Number: 2019-443919 | | | | | | |
| | Routeware, Inc. | | | | | | | | |
| | Portland, OR United States | | Date | Date Filed: | | | | | |
| 2 | Name of governmental entity or state agency that is a party to | mental entity or state agency that is a party to the contract for which the form is | | | | | | | |
| | being filed. | Data Aslanda das d | | | | | | | |
| | City of Killeen | | Date | e 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. | | | | | | | | |
| | Support Addendum, Master Agmt | | | | | | | | |
| | Support Addendum to Master Agreement | | | | | | | | |
| | | | | Nature of | finterest | | | | |
| 4 | Name of Interested Party City, State, Country (place | | ness) | (check ap | | | | | |
| 1 | · · · · · · · · · · · · · · · · · · · | | | Controlling | Intermediary | | | | |
| R | puteware, Inc. | Portland, OR United States | | X | | | | | |
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| 5 | 5 Check only if there is NO Interested Party. | | | | | | | | |
| 6 | 6 UNSWORN DECLARATION | | | | | | | | |
| | My name is, and my date of birth is | | | | | | | | |
| | My address is | | | | | | | | |
| | My address is (street) | | state) | (zip code) | , (country) | | | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | | |
| | Executed inCour | nty State of | | day of | , 20 . | | | | |
| | | ity, State of, of the | | _day of(month) | , 20 (year) | | | | |
| | Signature of authorized agent of contracting business entity | | | | | | | | |
| | (Declarant) | | | | | | | | |

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. | CE | OFFICE USE ONLY CERTIFICATION OF FILING | | | | | | |
|---|---|---|--|-------------|-----------------|--|--|--|--|
| 1 | Name of business entity filing form, and the city, state and count of business. | Cert | Certificate Number: 2019-443919 | | | | | | |
| | Routeware, Inc. | 201 | 2019-443919 | | | | | | |
| | Portland, OR United States | Date | Date Filed: | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | | 01/22/2019 | | | | | | |
| Ľ | being filed. | | | | | | | | |
| | City of Killeen | Date | Date Acknowledged: | | | | | | |
| | | 03/0 | 03/01/2019 | | | | | | |
| 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. | | | | | | | | |
| | Support Addendum, Master Agmt | | | | | | | | |
| | Support Addendum to Master Agreement | | | | | | | | |
| | | | | | | | | | |
| 4 | | | | Nature of | | | | | |
| ľ | Name of Interested Party City, State, Country (place of bu | | ness) | (check ap | | | | | |
| | | | | Controlling | Intermediary | | | | |
| R | outeware, Inc. | Portland, OR United States | | x | | | | | |
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| 5 | Check only if there is NO Interested Party. | | | 1 | | | | | |
| | | | | | | | | | |
| ľ | | | | | | | | | |
| | My name is | ne is, and my date of birth is | | | | | | | |
| | My address is(street) | ,,, | , state) | (zip code) | ., (country) | | | | |
| | | | siale) | (Zih coae) | (country) | | | | |
| | I declare under penalty of perjury that the foregoing is true and correc | | | | | | | | |
| Í | Executed inCounty | v, State of, on the | · | | | | | | |
| | | | | (month) | (year) | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | |
| | | | | | | | | | |