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 | | | |
| 1 | ame of business entity filing form, and the city, state and country of the business entity's place f business. | | | Certificate Number: | | | |
| | COBAN Technologies, Inc. | | 2021 | -766155 | | | |
| | Houston, TX United States | | Date | Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is | | | 06/14/2021 | | | |
| | being filed. | | Bata Astronoutadorad | | | | |
| | Killeen Police Department | | Date | Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided. | | the co | ontract, and prov | ride a | | |
| | Q-16453 | | | | | | |
| | Law Enforcement Body Worn Camera Solution | 5 | | | | | |
| 4 | | | | Nature of interest | | | |
| | Name of Interested Party | City, State, Country (place of busine | | (check ap | | | |
| | | | | Controlling | Intermediary | | |
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| | | | | | 2- | | |
| | | | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is J. Mark Griffin | , and my date of | birth is | January 0 | 5, 1961 | | |
| | My address is 11375 W. Sam Houston Pkwy. S. #800 | Houston | ΓX . | 77031 | USA | | |
| | (street) | (city) (s | tate) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | . · | | | | | |
| | Executed in Harris County | , State of Texas, on the | 14 | day of June | , 20_ 21 | | |
| | | N/M N · | | (month) | (year) | | |
| | | Mark Will | | | | | |
| | · - | Signature of authorized agent of contracting business entity | | | | | |

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 | lame of business entity filing form, and the city, state and country of the business entity's place f business. | | | Certificate Number: 2021-766155 | | | | | |
| | COBAN Technologies, Inc. | | 202 | .1-700133 | ſ | | | | |
| | Houston, TX United States | | Date | e Filed: | ſ | | | | |
| 2 | lame of governmental entity or state agency that is a party to the contract for which the form is | | | 06/14/2021 | | | | | |
| | being filed. Killeen Pelice Penertment | | Date | Date Acknowledged: | | | | | |
| | Killeen Police Department | | | 14/2021 | | | | | |
| 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. | | | | | | | | |
| | Q-16453 | | | | | | | | |
| | Law Enforcement Body Worn Camera Solution | | | | | | | | |
| 4 | | | | Nature of interest | | | | | |
| • | Name of Interested Party City, State, Country (place of busing | | usiness) | | | | | | |
| | | | | Controlling | Intermediary | | | | |
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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 | ıt. | | | | | | | |
| | Executed inCounty | | the | day of | 20 | | | | |
| | County | ,, claic of, on | <u> </u> | day or(month) | , 20 (year) | | | | |
| | | | | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | |