## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

|   |  |          |  |                   |   |   | 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 | ume of business entity filing form, and the city, state and country of the business entity's place business.  eeit Data Solutions, Inc.  istin, TX United States  ume of governmental entity or state agency that is a party to the contract for which the form is |          |  |                   | Certificate Number:                     |   |               |  |
|   |  |          |  |                   | 2025-1365848                            |   |               |  |
|   |  |          |  |                   | Date Filed:                             |   |               |  |
| 2 |  |          |  |                   | 09/19/2025                              |   |               |  |
|   | being filed.   |          |  |                   | L                                       |   |               |  |
|   | City of North Richland Hills   |          |  |                   | 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.  |          |  |                   |   |   |               |  |
|   | DIR-CPO-5687   | . 1. 110 |  |                   |   |   |               |  |
|   | Rapid7 VRM demo recording and SOAR demo avail  | ability  |  |                   |   |   |               |  |
| 4 | Name of Interested Party   |          | City, State, Country (place of busines |                   | Nature of interest                      |   |               |  |
| • |  |          |  |                   | ess)                                    | · <del>  '   '</del>                    |               |  |
|   |  |          |  |                   |   | Controlling                             | Intermediary  |  |
| 0 | Orchid, Wayne  |          | Austin, TX United States               |                   |   | X                                       |               |  |
|   |  |          |  |                   |   |   |               |  |
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|   |  |          |  |                   |   |   | <u> </u>      |  |
| 5 | Check only if there is NO Interested Party.  |          |  |                   |   |   |               |  |
| 6 | UNSWORN DECLARATION  |          |  |                   |   |   |               |  |
|   | My name is Dulari von Christierson   |          | ,                                      | and my date of    | birth is                                |   |               |  |
|   | My address is 900 E. 6th Street, Ste 102   |          | , Austin                               | , <u>T</u> >      | <b>〈</b> , _                            | 78702                                   | _, <u>USA</u> |  |
|   |  |          | (city)                                 | (st               | ate)                                    | (zip code)                              | (country)     |  |
|   | I declare under penalty of perjury that the foregoing is true and correct.   |          |  |                   |   |   |               |  |
|   | Executed in Travis   | County   | County, State of Texas, on the         |                   |   | 18th <sub>day of</sub> September, 20 25 |               |  |
|   |  |          |  | /                 |   | (month)                                 | ) (year)      |  |
|   |  |          | - An                                   | $\mathcal{M}_{-}$ | $\overline{}$                           |   |               |  |
|   |  |          | Signature of authori                   | zed agent of con  | tra <del>ct</del> ing                   | business entity                         | /             |  |
|   |  |          | (Declarant)                            |                   |   |   |               |  |