## **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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1249512		
	lotorola Solutions Inc			2024-1249312		
	hicago, IL United States			Date Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is			12/16/2024		
-	sing filed.					
	North Richland Hills, City of	and Hills, City of			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.					
	USC00003657					
	o Essential Plus Package					
4				Nature of interest		
	Name of Interested Party	Name of Interested Party City, State, Country (place of bu		ness) (check applicable)		
				Controlling	Intermediary	
5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
	My name is Travis Trevino	, and my date of birth is				
	My address is 415 E exchange Pkwy	,,,,,	<u>X_,</u>	75002	<u>, US</u> .	
	(street)	(city) (s	state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.						
	xecuted in CollinCounty, State of, on the				. 20 24	
	Executed in Collin Coun	ly, State of <u>IA</u> , on the	(	day of <u>12</u> (month)	, 20 <u>_24</u> (year)	
	Travis L. Treviño					
		Signature of authorized agent of contracting business entity (Declarant)				