

# 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.**

Software One, Inc.  
Waukesha, WI United States

**Certificate Number:**  
2021-782097

**Date Filed:**  
07/22/2021

**Date Acknowledged:**

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

El Paso County

**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.**

2021-0547 / Amend 8 – Parks &  
2021-0547 / Amend 8 – Parks & Recreation (Software Licenses)

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|--|--|--------------|
|   |                          |  | Controlling                              | Intermediary |
|   | SoftwareONE AG           | Stans NW Switzerland                     | X  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |
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|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |

**5 Check only if there is NO Interested Party.**

☐**6 UNSWORN DECLARATION**

My name is Margarita Apodaca, and my date of birth is May 5, 1966.

My address is 20875 Crossroads Cir., Suite 1, Waukesha, WI, 53186, US.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in El Dorado County, State of California, on the 22 day of June, 2021.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)