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		
Name of business entity filing form, and the city, state and cour of business. Everbridge, Inc.	Certificate Number: 2016-79347		
Pasadena, CA United States		Date Filed:	
 Name of governmental entity or state agency that is a party to the state agency to the state agency that is a party to the state agency that is a party to the state agency to the state agency that is a party to the state agency that is a party to the state agency to the state agency the state agency to the state agency the state agency to the stat	07/01/2016		
being filed. San Antonio Airport	Date Acknowledged:		
Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 1034625 Mass Notification System	tity or state agency to track or identify ided under the contract.	the contract, and pr	ovide a
4		Nature of interest	
Name of Interested Party	City, State, Country (place of busir	ness) (check controlling	applicable) Intermediary
Putra, Cinta	Burbank, CA United States	Controlling	X
Ellertson, Jaime	Boston, MA United States		Х
ABS Joint Venture, LP	Waltham, MA United States		Х
5 Check only if there is NO Interested Party.			
6 AFFIDAVIT I swear, c	or affirm, under penalty of perjury, that th	e above disclosure is t	rue and correct.
How other			
	Signature of authorized agent of co	ntracting business enti	ty
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said	, this the	day of	
Signature of officer administering oath Printed name of	of officer administering oath	Title of officer adminis	tering oath
-			

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

CERTIFICATE OF	THORITO WILLIAM
State of California	
County of Los Angeles	
On <u>July 1,2016</u> before me, <u>bar</u>	nel Hekier, Ustany Public (Here insert name and title of the officer)
personally appeared Phillip E. Hafe	
the within instrument and acknowledged to me th	dence to be the person(s) whose name(s) is/are subscribed to nat he/she/they executed the same in his/her/their authorized on the instrument the person(s), or the entity upon behalf of it.
I certify under PENALTY OF PERJURY under the is true and correct.	ne laws of the State of California that the foregoing paragraph
WITNESS my hand and official seal.	Commission # 2144684 Notary Public - California Los Angeles County My Comm. Expires Mar 1, 2020
Signature of Notary Public	(Notary Seal)
ADDITIONAL O	PTIONAL INFORMATION
DESCRIPTION OF THE ATTACHED DOCUMENT Certificate of Interested (Title or description of attached document) Farties (Title or description of attached document continued)	INSTRUCTIONS FOR COMPLETING THIS FORM Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.
Number of Pages Document Date 7/1/16 (Additional information)	 State and County information must be the State and County where the documen signer(s) personally appeared before the notary public for acknowledgment Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or he commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.

- CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s)

Corporate Officer

Ast. Treasurer

(Title)

☐ Partner(s)

- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other _

- cument
- which
- or her
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- · Signature of the notary public must match the signature on file with the office of the county clerk. Additional information is not required but could help to ensure this
 - acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- · Securely attach this document to the signed document