| CONFLICT OF INTEREST QUESTIONNAIRE For vendor or other person doing business with local governmental e | FORM CIQ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| This questionnaire is being filed in accordance with chapter 176 of the Local | office use only |
| Government Code by a person doing business with the governmental entity. | Date Received |
| y law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person ecomes aware of facts that require the statement to be filed. See Section 76,006, Local Government Code. | n |
| A person commits an offense if the person violates Section 176.006, Loc Government Code. An offense under this section is a Class C misdemeand | el or. |
| Name of person doing business with local governmental entity. | |
| AVAYA, Inc. | |
| | • |
| Check this box if you are filing an update to a praviously filed questionnaire. | |
| (The law requires that you file an updated completed questionnairs with the appro- September 1 of the year for which an activity described in Section 176.006(a), Local not later than the 7th business day after the date the originally filed questionnaire b | Government Code, is pending and |
| Describe each affiliation or business relationship with an employee or contractor of the recommendations to a local government officer of the local governmental entity with recommendations. | espect to expenditure of money. |
| | |
| | |
| | |
| Describe each affiliation or business relationship with a person who is a local government employs a local government officer of the local governmental entity that is the subject | ment officer and who appoints or t of this questionnairs. |
| NONE KNOWN | |
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CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ Page 2

For vendor or other person doing business with local governmental entity

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|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| J | Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.) |
| | This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary. |
| | NONE KNOWN |
| | A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? |
| | Yes No |
| | B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity? |
| | Yes No |
| | C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more? |
| | Yes No |
| | D. Describe each affiliation or business relationship. |
| | NONE KNOWN |
| | |
| | |
| | Describe any other affiliation or business relationship that might cause a conflict of interest. |
| | NONE KNOWN |
| | |
| | Signature of person doing business with the governmental entity Date |