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		-			
	or business.		Certificate Number: 2016-109318			
	Safeguard Forms & Systems COLUMBUS, GA United States					
2	Name of governmental entity or state agency that is a party to the contract for which the form is		Date Filed: 09/08/2016			
	being med.		03/00/2010			
	00		Date Acknowledged:			
3	Provide the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental antity or state and the identification number used by the governmental and the identification number of the ident					
description of the services, goods, or other property to be provided under the contract.					vide a	
	IFB 2016-125	16-125				
	PRINTING GENERAL OFFICE FORMS					
4				Nature of interest		
	Name of Interested Party City, State, Country (place of busine					
				Controlling	Intermediary	
			\dashv		Market Control of the	
			\dashv			
			\neg			
			\dashv			
<u>.</u>	Check on haif there is NO Interested Darts					
Check on by if there is NO Interested Party.						
A OF HAVERY						
ပဲ	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
0	· contain a contain					
	Signature of authorized agent of contracting business entity					
A	AFFIX NOTARY STAMP / SEAL ABOVE					
ç	orn to and subscribed before me, by the said $\mathcal{H}(\mathcal{R},\mathcal{L}(\mathcal{A}))$					
	20 to certify which, witness my hand and seal of office.					
	The state of office.					
/	Colobora (ind. / Conno					
-	Signature of office administering oath Printed name of officer administering oath Title of officer administering oath					
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