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. 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Mower Medic Carrollton, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Colin County Texas		CEI	OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2017-157674 Date Filed: 01/24/2017 Date Acknowledged:		
		2017			
Provide the identification number used by the description of the services, goods, or other page 2013336 Grounds Maintenance Equipment	ne governmental entity or state agency to track or ident property to be provided under the contract.	ify the co	ontract, and pro	vide a	
Name of Interested Party	City, State, Country (place of bus	City, State, Country (place of business)		Nature of interest (check applicable) Controlling Intermedian	
evin, Woodard	Carrollton, TX United States		X	intermediary	
Check only if there is NO Interested Party.					
SHERRY MURSCH My Commission Expires September 22, 2018 Sworm to and subscribed before me, by the said 20, to certify which, witness my hand an	I swear, or affirm, under penalty of perjury, that the Signature of authorized agent of control of this the Lind seal of office.	2		nuary	
Signature of officer administering oath	Printed name of officer administering oath	Ser Title of of	US and VI'CL A	dviso i	
	-	3BVF	Compa	JS Ball	