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 | | |
| Name of business entity filing form, and the city, state and country of the business entity's place of business. | | Certificate Number: | | |
| Royal Access Control | | 2017-207292 | | |
| McKinney, TX United States | | Date Filed: | | |
| 2 Name of governmental entity or state agency that is a party to the contract for which the form is | | 05/15/2017 | | |
| being filed. Collin County | | Date Acknowledged: | | |
| Count 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. | | | | |
| IFB No. 2016-295 | | | | |
| Security Gate Repair Parts and Services | | | | |
| 4 | | Nature o | Nature of interest | |
| Name of Interested Party | City, State, Country (place of busin | | The second second second second | |
| | | Controlling | Intermediary | |
| White, Mike Roswell, GA United States | | | X | |
| Boozer, Mike | Roswell, GA United States | Х | | |
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| 5 Check only if there is NO Interested Party. | | | and the second second | |
| | | | | |
| 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | |
| HEATHER LYN PUTNAM | | | | |
| HEATHER LYN PUTNAM Notary Public, State of Texas Comm. Expires 09-12-2019 | | | | |
| 12873486-9 | | | | |
| Signature of authorized agent of contracting business entity | | | | |
| APPIN MOTARY OTTAIN JOHN | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribed before me, by the said MIKE Putnam, this the 15th day of May | | | | |
| 20, to certify which, witness my hand and seal of office. | | | | |
| | | | | |
| | | | | |
| Allthe rution Neather rution office mar | | | | |
| Signature of officer administering oath Printed name of officer administering cath Title of officer administering oath | | | | |