

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

Certificate Number:
2018-300617

Date Filed:
01/09/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

John Doe Investigations LLC
Frisco, 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.

Collin County Sheriff

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.

2018-036
Firearms and/or accessories

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is David Wagner, and my date of birth is 8/31/1970

My address is 2139 Copperfield Ct., Frisco, TX, 75034, USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Denton County, State of Texas, on the 10th day of January, 2018
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

JURAT WITH AFFIANT STATEMENT

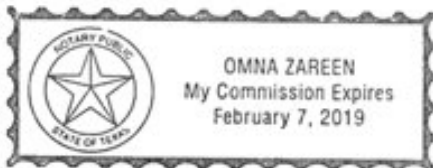
State of TEXAS } ss.
County of DENTON

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
Signature of Document Signer No. 1 Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me
this 10th day of January 2018, by
Date Month Year

DAVID LAWRENCE WAGNER
Name of Signer No. 1



Place Notary Seal/Stamp Above

Name of Signer No. 2 (if any)
Omna Zareen
Signature of Notary Public

Any Other Required Information
(Residence, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Certificate of Interested Parties FORM 1295
Document Date: N/A Number of Pages: 1
Signer(s) Other Than Named Above: _____