## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

								1011		
	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 of business.					Certificate Number:				
	h business: ThyssenKrupp Elevator						2018-306614			
	Addison, TX United States					Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Collin County					O1/26/2018  Date Acknowledged:				
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 2016-134									
	Elevator Maintenance and Repair									
4	Name of Interested Party		City, State, Country (place of busi			Nature of interest				
•						ness)	· · · · · · · · · · · · · · · · · · ·			
							Controlling	Intermediary		
ThyssenKrupp Elevator			Addison, TX United States				X			
								<u> </u>		
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is Sam Cotter				, and my date o	of birth is	04/22/198	31		
	My address is 4355 Excel Parkway, Suite 800		, Add	dison	- ,	ΤΧ <u>,</u>	75001	_, USA		
	(street)			(city)		(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and	l correct.								
	Executed in Dallas	_County,	State of _	Texas	, on the	26th	<sub>day of</sub> _Januaı	ry_, <sub>20_</sub> 18		
					_		(month)	(year)		
			Sam Cotter							
	_		Signature of authorized agent of contracting business entity (Declarant)							