CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

			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		
Name of business entity filing form, and the city, state and country of the business entity's place of business. Safeguard Forms & Systems COLUMBUS, GA United States		Certificate Number: 2018-333007		
2 Name of governmental entity or state agency that is a party to the contract for which the forms is		Date Filed: 04/02/2018		
being filed. Collin County				
		Date Acknowledge		
3 Provide the identification number used by the governmental description of the services, goods, or other property to be pr 2017-259756 specialized printing	entity or state agency to track or identify rovided under the contract.	the contract, and pr	ovide a	
4 Name of Interested Part		Nature	Nature of interest	
Name of Interested Party	City, State, Country (place of busine		applicable)	
		Controlling	Intermediary	
	a			
	,			
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is they Conner	, and my date of bir	rth is 412715	58	
My address is 5855 Color Coch Blue (street)	(city) (state	3/709	LISA.	
I dooloro under neuralis a facilitati	, , , , , , , , , , , , , , , , , , ,	e) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and corrected in	ect. nty, State of, on the	2 day of April	_, 20 <u>18</u> .	
·		(month)	(year)	
	0/6	501		
	Signature of authorized agent of contract (Declarant)	cting business entity		
rms provided by Texas Ethics Commission www.et	thics.state.tx.us	Vers	ion V1.0.5523	