CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

L of 1

							10/1		
	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			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2018-372290			
	Office Depot						2010 072230		
	Boca Raton, FL United States					Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is					06/25/2018			
	being filed.								
	Collin County				Date Acknowledged:				
3		rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.							
	IFB 2017-255								
	Supplies: OEM To	oner Cartridges for Laser, Inkjet and MICR F	ges for Laser, Inkjet and MICR Printers						
4	N.I.	Name of Interested Party City, State, Country (place of		(place of busin	Nature of interest (check applicable)				
	N			City, State, Country (place of business)			Intermediary		
						Controlling	intermediary		
	111111111111111111111111111111111111111								
_		(4)			_				
					4.	1	*		
						00.5			
_									
5	Check only if there	is NO Interested Party.							
6	UNSWORN DECLAR	RATION				8			
	My name isCl	hris Lupo	,	and my date of	birth is	6/28/1952	2		
	My address is67	700 Automall Parkway	Fremont	, <u>C</u> .	<u>A</u> ,	94538	J USA		
		(street)	(city)	(st	ate)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct.									
	Executed inA	AlamedaCount	y, State of Californ	ia, on the	25 _{day}	of June	, 2018		
				//		(month)	(year)		
	Please	See Attached							
		owledgment	KMa. II And						
		Notary Public							
	2		Signature of authorized agent of contracting business entity						

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate document to which this certificate is attached, and not the	ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document.					
State of California) County of Hamale) On 06 25-70/8 before me, I-	S Pahwo No hory Poblic, Here Insert Name and Pitle of the Officer					
Date Here Insert Name and Title of the Officer Dersonally appeared Chars Lupe Here Insert Name and Title of the Officer						
	Name(s) of Signer(s)					
subscribed to the within instrument and acknow	evidence to be the person(s) whose name(s) (is/are ledged to me that (ne/she/they executed the same in is/her/their signature(s) on the instrument the person(s), cted, executed the instrument.					
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.					
I.S. PAHWA	WITNESS my hand and official seal.					
COMM. # 2204573 NOTARY PUBLIC • CALIFORNIA > ALAMEDA COUNTY My Commission Expires	Signature Signature of Notary Public					
Place Notary Seal Above						
	TIONAL description of the decument of					
	information can deter alteration of the document or sform to an unintended document.					
Description of Attached Document Title or Type of Document: Number of Pages: Signer(s) Other Tha	Document Date: n Named Above:					
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:					
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):					
☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact	□ Partner — □ Limited □ General□ Individual □ Attorney in Fact					
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator					
☐ Other:	□ Other:					
Signer Is Representing:	Signer Is Representing:					