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 | | |
| 4 | | | | CERTIFICATION OF FILING | | |
| 1 | ame of business entity filing form, and the city, state and country of the business entity's place business. | | | Certificate Number: 2018-406218 | | |
| | Ecolab Inc. | | | | | |
| 2 | St. Paul, MN United States Name of governmental entity or state agency that is a party to the contract for which the form is | | Date Filed: 09/20/2018 | | | |
| _ | ing filed. | | | 1 1 | | |
| | Collin County, Texas | | Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a | | | | | |
| Ŭ | description of the services, goods, or other property to be provided under the contract. | | | | | |
| | 2018-227 Detergents and Dispensers for Laundry and Kitchen | | | | | |
| | Soloigenie and Sispensore for Eadhary and Mohen | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | | Nature of interest (check applicable) | | |
| | Name of interested facty | | | Controlling | Intermediary | |
| Gates III, William Redmon | | Redmond, WA United States | | Х | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | JNSWORN DECLARATION | | | | | |
| | My name is Dale Mrozinski | and my date of high in | | | | |
| | ny name is | , and my date of birth is | | | | |
| ı | My address is | | | | | |
| | (street) | (city) (sta | ate) | (zip code) | (country) | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| Executed in RamseyCounty, State of Minnesota, on the 20thday of September , 20 18 . | | | | | | |
| Executed in Ramsey County, State of Minnesota, on the 20th day of September, 20_18. | | | | | | |
| | VIIIMA 1 . | | | | | |
| | wale IV Centriske | | | | | |
| | Signature of authorized agen of contracting business entity (Declarant) | | | | | |