## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

CERTIFICATION OF F  I Name of business entity filing form, and the city, state and country of the business entity's place of business.  Bub Barker Company, Inc. Enquay-Varina, NC United States  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 2018-251  Janitorial Supplies  A Name of Interested Party  City, State, Country (place of business)  Controlling Interested  Check application  Nancy, Johns  Fuquay-Varina, NC United States  X  Barker, Robert  Fuquay-Varina, NC United States  X  Check only if there is NO Interested Party.  S UNSWORN DECLARATION  My name is  (eitnet)  (eitnet)  Country, State of MC  on the Milay of Muse.  20  1 declare under penalty of perjury that the foregoing is true and correct.  Executed in  Wall  Country, State of MC  on the Milay of Muse.  20  20  20  20  20  20  20  20  20  2				1011	
1. Name of business entity filting form, and the city, state and country of the business entity's place of business. Bob Barker Company, Inc. Fuquay-Varina, NC United States 2. Name of governmental entity or state agency that is a party to the contract for which the form is being filted.  2. Name of governmental entity or state agency that is a party to the contract for which the form is being filted.  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.  1. IFB 2018-251  Janiforial Supplies  4. Name of Interested Party  City, State, Country (place of business)  Controlling Interested Party  Nancy, Johns  Fuquay-Varina, NC United States  X  Barker, Robert  Fuquay-Varina, NC United States  X  Check only if there is NO Interested Party.  5. Check only if there is NO Interested Party.  Gunsworn Declaration  My name is (witness)  (witness)  (witness)  (witness)  (witness)  (country, State of MC.  on the Milling of Marker of Country (place of business)  (country (place of business)  (check applicable Controlling Interested Party.  (check applicable Controlling Interested Party.)  1. Check only if there is NO Interested Party.  (check applicable Controlling Interested Party.)  3. When the contract is a party to the contract of which the foregoing is true and correct.  Executed in MARC.  Country, State of MC.  on the Milding of Marc.  20. 20.	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		
Bob Barker Company, Inc. Fuquay-Varina, NC United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  2 Collin County, TX  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 2018-251  Janitorial Supplies  4 Name of Interested Party  City, State, Country (place of business)  Fuquay-Varina, NC United States  X  Barker, Robert  Fuquay-Varina, NC United States  X  Check only if there is NO Interested Party.  5 UNSWORN DECLARATION  My name is  Water of interested Party.  Garnelly  (atreel)  (atre	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number:		
Puguay-Varina, NC United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled.  Collin County, TX  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 2018-251. Janitorial Supplies  4 Name of Interested Party  City, State, Country (place of business)  Puquay-Varina, NC United States  X  Puquay-Varina, NC United States  X  States of Mature of interested Party  Nancy, Johns  Barker, Robert  Fuquay-Varina, NC United States  X  Check only if there is NO Interested Party.  5 UNSWORN DEGLARATION  My name is  (attest)  (atte	Bob Barker Company, Inc.		2019-505252		
being filed. Collin County, TX  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 2018-253 Janitorial Supplies  4 Name of Interested Party  City, State, Country (place of business)  Controlling Interested Party  Puquay-Varina, NC United States  X  Barker, Robert  Fuquay-Varina, NC United States  X  Check only if there is NO Interested Party.  SUNSWORN DECLARATION  My name is (atreet)  My address is (atreet)  (atreet)  County, State of AC  on the May of Aure, 20  Executed in Make Country (place of business)  And my date of birth is (atreet)  County, State of AC  on the May of Aure, 20			Date Filed:		
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 2018-251 Janiforial Supplies  A Name of Interested Party  City, State, Country (place of business) Centrolling Interested Party  Nancy, Johns  Puquay-Varina, NC United States  X  Barker, Robert  Fuquay-Varina, NC United States  X  Check only If there is NO Interested Party.  S UNSWORN DECLARATION  My name is  My address i  (street)  (aby)  (caby)  (cate)  (cate)  (country, Idace of identify the contract, and provide a description of the solution of the solu	2 Name of governmental entity or state agency that is being filled.	s a party to the contract for which the form is	06/17/2019		
description of the services, goods, or other property to be provided under the contract.  IFB 2018-251 Janitorial Supplies  4 Name of Interested Party  City, State, Country (place of business)  Fuquay Varina, NC United States  X  Barker, Robert  Fuquay-Varina, NC United States  X  Fuquay-Varina, NC United States  X  Fuquay-Varina, NC United States  X  Solvential States  Interested Party  Guine States  Interested Party  Interes			Date Acknowledged:		
Janitorial Supplies  A Name of Interested Party  City, State, Country (place of business)  Controlling Interested Party  Puquay Varina, NC United States  X  Fuquay-Varina, NC United States  X  Fuguay-Varina, NC	3 Provide the identification number used by the government description of the services, goods, or other property	rnmental entity or state agency to track or identify y to be provided under the contract.	the contract, and prov	∕ide a	
Name of Interested Party  City, State, Country (place of business)  Controlling Interested Party  Fuguay Varina, NC United States X  Barker, Robert  Fuguay-Varina, NC United States X  Fuguay-					
Nancy, Johns  Fuquay Varina, NC United States  X  Barker, Robert  Fuquay-Varina, NC United States  X  5 Check only if there is NO Interested Party.  3 UNSWORN DECLARATION  My name is ADDAC HALL  My address i (street)  (city) (state) (z/p code) (count in the foregoing is true and correct.  Executed in Walla County, State of MC on the May on the May of May 20.	4	l		Nature of interest	
Nancy, Johns  Fuquay Varina, NC United States X  Barker, Robert  Fuquay-Varina, NC United States X   5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is	Name of Interested Party	City, State, Country (place of busin			
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is	Nancy, Johns	Fuquay Varina, NC United State		Intermediary	
My name is	Barker, Robert	Fuquay-Varina, NC United State	s X		
My name is					
My name is					
My name is					
My name is					
My name is					
My name is	·				
My name is					
My name is					
My name is ADDHOG HOVHCL , and my date of birth is  My address i (street) (city) (state) (zip code) (count declare under penalty of perjury that the foregoing is true and correct.  Executed in Wake County, State of MC on the May of M	5 Check only if there is NO Interested Party.				
My address i  (street)  (city)  (state)  (zip code)  (count declare under penalty of perjury that the foregoing is true and correct.  Executed in Wake on the Management of the county of the last of the county of the last o	3 UNSWORN DECLARATION	110			
I declare under penalty of perjury that the foregoing is true and correct.  Executed in	My name is 10014 NG POV.	, and my date of l	oirth is		
I declare under penalty of perjury that the foregoing is true and correct.  Executed in	(-11)				
Executed in Wake County, State of NC, on the 17th day of June 20.	(street)	' (city) ' 👵 (sta	ate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is tru	ue and correct.			
✓ (month)	Executed in Wake	County, State of <u>\lambda C</u> on the _	17th day of Gune (month)	_, 20 <u>/9</u> .	
To make the		Toucho Hook	λ	V/	
Signature of authorized agent of contracting business entity (Declarant)			acting business entity		