CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| Complete | 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 | lame of business entity filing form, and the city, state and country of the business entity's place of business. 8&H Foto & Electronics Corp. | | Certificate Number: 2019-520410 | | | |
| | | | 2019-320410 | | | |
| | New York, NY United States | | Date Filed: 07/23/2019 | | | |
| | ame of governmental entity or state agency that is a party to the contract for which the form is eing filed. | | 01123 | 5/2019 | | |
| | Collins County | | | Date Acknowledged: | | |
| 3 Provide descripti | he identification number used by the governmental e on of the services, goods, or other property to be pro | entity or state agency to track or identif ovided under the contract. | fy the co | ontract, and pro | vide a | |
| 2019-23 Laptops | 1 and access. | | | | | |
| | | | Nature of interest | | | |
| 4 | Name of Interested Party City, State, Country (place of bus | | ness) | | | |
| | | | | Controlling | Intermediary | |
| | | 4 | | | | |
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| | SECTION SECTIONS | 272 | | | | |
| | SERVICE CONTRACTOR | | | | | |
| | | | | | | |
| 5 Check o | nly if there is NO Interested Party. | | | | | |
| 6 UNSWO | RN DECLARATION . | | | | | |
| My name | is | , and my date | of birth is | s | · | |
| | | SPECIALIST | | | | |
| My addre | ess is ELIZABETH LITE-COMPLIANCE | | (state) | (zip code) | (country) | |
| _ | | | | | | |
| I declare | under penalty of perjury that the foregoing is true and co | orrect. | • | , حسي | 1 10 | |
| Execute | din N.Y. co | ounty, State of, on th | e23 | day of JUL | <u>4</u> , 20 <u>1</u> 4. | |
| _,,,,,,,,, | la company | 10 | 1 | (month |) (year) | |
| | | PD: 10.71 f | 11. | | | |
| | | Signature of authorized agent of c | ontractir | ng business entit | у | |
| | | (Declarant) | | | n V1 1 20f903 | |