CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2019-531302

Date Filed:
08/21/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Bimbo Bakeries USA
Horsham, PA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County

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.

Contract 2017-209
Food: Breads

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Rosalie Szabo, and my date of birth is [redacted].

My address is [redacted].
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Forsyth County, State of North Carolina, on the 21 day of August (month), 2019 (year).

Signature of authorized agent of contracting business entity
(Declarant)

WELLS FARGO

Acknowledgment by Individual

State of North Carolina County of Forsyth

On this 21 day of August, 20 19. before me, Adam G Dupuis
Name of Notary Public

the undersigned Notary Public, personally appeared
Rosalie Szabo

Name of Signer(s)

○ Proved to me on the oath of _____

○ Personally known to me

☒ Proved to me on the basis of satisfactory evidence NCDL
(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.

ADAM G DUPUIS NOTARY PUBLIC GUILFORD COUNTY, NC
Notary Seal

(Signature of Notary Public)

My commission expires 4/20/2024

Optional: *A thumbprint is only needed if state statutes require a thumbprint.*

Right Thumbprint of Signer
Top of thumb here

For Bank Purposes Only

Description of Attached Document

Type or Title of Document
Certificate of Interested Parties

Document Date 8/21/2019

Number of Pages 1

Signer(s) Other Than Named Above
N/A

FO01-00000DSG5350-01