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 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: | | |
| | Howard Technology Solutions, a Division of Howard Industries,Inc. | | 2020-604150 | | |
| _ | Ellisville, MS United States | | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | 04/02/2020 | | |
| | Collin County | | Date Acknowledged: | | |
| 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. | | | | |
| | 2020-136 Foner Cartridges for Inkjet Printers | | | | |
| | - Toller Cartriages for misjet Printers | | | | |
| 4 | Name of Interested Party City | State, Country (place of busine | | Nature of interest (check applicable) | |
| | | | Controlling | | |
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| Check only if there is NO Interested Party. | | | | | |
| UNSWORN DECLARATION | | | | | |
| | My name is, and my date of birth is | | | | |
| | My address is | | | ys. | |
| (State) (zip code) (country) | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. Executed in County. State | of, on the | ma April | 20 2 0 | |
| | County, State | , on the | (month) | , 20 <u></u> . (year) | |
| | Executed in Jones County, State of Ms on the day of April (year). Country Haupers | | | | |
| | Signatule of authorized agent of contracting business entity (Declarant) | | | | |