CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1 of 1	
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
	lame of business entity filing form, and the city, state and country of the business entity's place of business. Complete Supply Inc Carrollton, TX United States			Certificate Number: 2020-578123 Date Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is sing filed. Ollin County			01/16/2020 Date Acknowledged:		
3	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract. 20-141 anitorial Supplies					
4	Name of Interested Party	City, State, Country (place of bus				
				Controlling	Intermediary	
_						
-						
5	5 Check only if there is NO Interested Party.					
6	JNSWORN DECLARATION					
	y name is David Bahcall , and my date of birth is					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in DallasCour	nty, State of Texas , on the	, <u>16</u>	_day ofJanua (month)		
	Signature of authorized agent of contracting business entity (Declarant)					