## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

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	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2020-617696			
	T DISTRIBUTORS, INC.			2020 017030			
	AUSTIN, TX United States	ited States			Date Filed:		
2		vernmental entity or state agency that is a party to the contract for which the form is		05/11/2020			
	being filed. COLLIN COUNTY		Date Acknowledged:				
	OSELIN GOONT						
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.						
	IFB 2020-125						
	Firearms, Ammunition, and Accessories						
_	Nature of interest						
4	Name of Interested Party	City, State, Country (place of business) (ch		1	neck applicable)		
	•			Controlling	Intermediary		
_							
_							
_							
			_				
5	Check only if there is NO Interested Party.						
	JNSWORN DECLARATION						
١	My name isDAVID CURTIS	, and my date of b	oirth is				
N	//y address is _		<b>.</b> .				
	(street)	(city) (sta	ite)	(zlp code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct.							
E	executed inCounty,	State of TEXAS, on the 1	<u>1th</u> da		_, 20_20		
	(month) (year)						
	Signature of authorized agent of contracting business entity						
	(Declarant)						