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:		
	recision Delta Corporation			2020-617617		
	uleville, MS United States			Date Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed.		05/11/2020			
	Collin County			Date Acknowledged:		
_	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a					
3		the identification number used by the governmental entity or state agency to track or identify the contract, and provide a tion of the services, goods, or other property to be provided under the contract.				
	IFB 2020-125					
	Firearms, Ammunition, & Accessories					
_		Nature of interest				
4	Name of Interested Party	City, State, Country (place of business)		(check applicable)		
_				Controlling	Intermediary	
		31.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
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5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
	My name is <u>Patricia</u> Lott	, and my date of i	birth is		·	
	My address is _		, ₋		.,	
	(street)	(city) (sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in 5 unflower County, State of M5, on the 11 day of May, 20 20.					
	(Hondi) (year)					
		Signature of authorized agent of contracting business entity (Declarant)				
	(Deciarant)					