CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:			
	he Office Pal			2020-642123			
_	Freehold, NJ United States			Date Filed:			
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.			07/09/2020			
	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						
	OEM Toner Cartridges for Laser and Inkjet Printers						
4	Name of Interested Party	City, State, Country (place of business)			Nature of interest (check applicable)		
	**************************************			"	Controlling	Intermediary	
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5	Check only if there is NO Interested Party.						
ô	UNSWORN DECLARATION						
	My name is Moses Schwartz	me isMoses Schwartz, and my date of birth is					
	My address is						
	(street)	(city)	(sta	ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed in Monmouth Count	y, State of New Jerse	ey on the 2	1st _{da}	av of July	. 20 ²¹ .	
	Executed in Monmouth County, State of New Jersey, on the 21st day of July (wear).						
	Signature of authorized agent of contracting business entity (Declarant)						