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:		
	ictory Supply LLC			2020-692971		
	Mount Pleasant, TN 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.			11/24/2020		
	Collin County Office of the Purchasing Agent		Date Acknowledged:			
				10.000 to 50.000 to 30.000 to 30.000		
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.					
	IFB 2019-188					
	Jail and Personal Inmate Supplies					
4	Notice of Action					
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of interest s) (check applicable)		
_				Controlling	Intermediary	
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5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
	My name is USa DeCastro	, and my date of bir	rth i			
	My address is	(city) (state	e)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.						
	2.45					
	Executed in Manatee county, State of Porida, on the 24 day of November, 2020.					
	(month) (year)					
	-	Signature of authorized agent of control	cting	nusines ontitu		
	Signature of authorized agent of contracting business entity (Declarant)					