|     | CERTIFICATE OF INTERESTED PAR  | TIES   |                     | FOR  | м 1295                    |  |
|-----|--|--|---------------------|--|---------------------------|--|
|     |  |  |                     |  | 1 of 1                    |  |
| _   |  |  | T                   | OFFICE US  | ONLY                      |  |
| 0   | plete Nos. 1 - 4 and 6 if there are interested parties.<br>plete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  |  |                     | CERTIFICATION OF FILING  |                           |  |
|     | Name of business entity filing form, and the city, state and cou   | ntry of the business entity's place  | Certificate Number: |  |                           |  |
| •   | of business. TK Tactical   |  |                     | -850872  |                           |  |
| 1   | Lucas, TX United States  |  |                     | Filed:   |                           |  |
| -   | Name of governmental entity or state agency that is a party to the contract for which the form is  |  | 02/19               | 5/2022   |                           |  |
|     | being filed.<br>Collin County Sheriff's Office   |  | Date                | Acknowledged:  |                           |  |
|     |  |  |                     |  | dda a                     |  |
|     | Provide the identification number used by the governmental en<br>description of the services, goods, or other property to be prov  | itity or state agency to track or identify<br>rided under the contract.  | y the co            | ontract, and pro   | vide a                    |  |
|     | 2020-125   |  |                     |  |                           |  |
|     | Firearms, Ammunition and Accessories   |  |                     |  |                           |  |
|     |  |  |                     |  | f interest                |  |
| es: | Name of Interested Party City, State, Country (place of busing   |  | ness)               | ness) (check applicable)  Controlling Intermedian  |                           |  |
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| (   | Check only if there is NO Interested Party.  |  |                     |  |                           |  |
| 1   | INSWORN DECLARATION  |  |                     | 1  |                           |  |
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| ,   | My address is (street)   | (city)   | (state)             | (zip code)   | (country)                 |  |
|     | My address is(street)  |  | (state)             | (zip code)   | (country)                 |  |
|     | My address is  | ect.   |                     |  |                           |  |
|     | (street)  I declare under penalty of perjury that the foregoing is true and corre  | ect.   |                     | day of Feb   | 2022                      |  |
|     | (street)  I declare under penalty of perjury that the foregoing is true and corre  | ect.   |                     |  | 2022                      |  |
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|     | (street)  I declare under penalty of perjury that the foregoing is true and corre  | ect.   | 15                  | day of Feb (month)   | , 20 <u>2 2</u><br>(year) |  |