CERTIFICATE OF INTERESTED PARTIES 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. Name of business entity filing form, and the city, state and country of the business entity's place of business. AARDVARK La Verne, CA United States FORM 1295 Certificate ONLY CERTIFICATION OF FILING Certificate Number: 2021-766544 Date Filed:

being filed.
Collin County, TX
Date Ac

Name of governmental entity or state agency that is a party to the contract for which the form is

Date Acknowledged:

Nature of interest

01/26/2022

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.
	Safety Wear 2020-186

Safety Wear 2020-186 Tactical Equipment

Name of Interested Party	City, State, Country (place of business)	(check applicable)		
		Controlling	Intermediary	
AARDVARK	La Verne, CA United States	x		
5 Check only if there is NO Interested Party.	only if there is NO Interested Party.			
6 UNSWORN DECLARATION				
My name is _Audrey Horstman	, and my date of birth is	is		
My address is, (street)	(city) (state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.				
Executed in _Los AngelesCounty,	State of <u>CA</u> , on the <u>26</u>	day of January_ (month)		
Signature of authorized agent of contracting business entity				
Signature of authorized agent of contracting business entity				

(Declarant)