## 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.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Impact Promotional Services LLC dba Got You Covered Workwear & Uniforms Fort Worth, TX United States		OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2023-1075038  Date Filed:		
Provide the identification number used by the government description of the services, goods, or other property to 2023-424  Law Enforcement Uniforms	ental entity or state agency to track or identi be provided under the contract.	fy the co	ontract, and pro	vide a
Name of Interested Party  City, State, Country (place of bus		iness)		
			Controlling	Intermediary
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is Rhonda L Harvey	, and my date of	of birth is		
My address is				_,
(street)	(city)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true a	and correct.			
Executed in Tarrant		e 22 c	day of Septem	
	24 n 40	/	(month)	(year)
	Signature of authorized agent of control (Declarant)	ontracting	g business entity	