

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.

Commercial Vehicle Leasing, L.P. dba D&M Leasing
 Grand Prairie, TX United States

Certificate Number:
 2019-440087

Date Filed:
 01/10/2019

Date Acknowledged:

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

City of North Richland Hills

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.

BuyBoard Contract 572-18
 Vehicle leasing and fleet management

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Commercial Vehicle Leasing, L.P. dba D&M Leasing	Grand Prairie, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Christi Paine, and my date of birth is 12-15-1967

My address is 5157 Monitor Lane, Alpharetta GA 30022 USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Fulton County, State of GA, on the 10 day of 1, 2019.
(month) (year)

Christi Paine
 Signature of authorized agent of contracting business entity
 (Declarant)



Acknowledgment by Individual

State of Georgia County of Cowmett

On this 10th day of January, 20 19 before me, Adebowale Alonge
Name of Notary Public

the undersigned Notary Public, personally appeared
Christi Paine

Name of Signer(s)

- Proved to me on the oath of _____
- Personally known to me
- Proved to me on the basis of satisfactory evidence GA DL # 056594559
(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.

Adebowale Alonge
NOTARY PUBLIC
Gwinnett County, GEORGIA
My Comm. Expires
05/31/2019

Notary Seal

A Alonge
(Signature of Notary Public)

My commission expires May 31, 2019

Optional: A thumbprint is only needed if state statutes require a thumbprint.

Description of Attached Document

Type or Title of Document
Certificate of Interested Parties Form 1295

Document Date
01-10-2019

Number of Pages
1

Signer(s) Other Than Named Above



Scanner Enabled Stores should scan this form
Manual Submission Route to Deposit Operations

DSG5350 (Rev01/15)

FO01-00000DSG5350-01