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 | lame of business entity filing form, and the city, state and country of the business entity's place of business. | | Certificate Number: | | |
| | Complete Supply Inc | | 2020-639220 | | |
| | Carrollton, TX United States | | Data Ettal | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is | | Date Filed: 07/01/2020 | | |
| | being med. | | 0170112020 | | |
| | City Of North Richland Hills | | Date Acknowledged: | | |
| 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. | | | | |
| | Buy Board 569-18 Janitorial Supplies | | | | |
| 4 | Name of Interested Party City | , State, Country (place of busine | Nature of interest (check applicable) | | |
| | | | Controlling | | |
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| 5 Check only if there is NO Interested Party. | | | | | |
| 5 UNSWORN DECLARATION | | | | | |
| ı | My name is | | | | |
| My address is 2809 Hidalgo FRUINJ TX, 7506,2 US | | | | | |
| | (street) | (city) (state | | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | | | | | |
| 1 | Executed in County, State of, on the day of, 20_2 (month) (year) | | | | |
| | (month) (year) | | | | |
| | _ | | | | |
| | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | |
| | no provided by Taylor Elling | | | | |