CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2018-352662 **BAKER & TAYLOR LLC** Date Filed: Charlotte, NC United States 05/11/2018 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of North Richland Hills 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. City's Use of State Procurement for Publications, Audiovisual Materials, Books, and Cataloging Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Westchester, IL United States Griffith, Ray Х Charlotte, NC United States Cully, David Х Westchester, IL United States Henrichs, Timothy Х Westchester, IL United States Sproat, Mark 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is Please see the attached affiday into my date of birth is My address is ____ (state) (zip code) (country) (street) (city) I declare under penalty of perjury that the foregoing is true and correct. _____County, State of _____, on the ____ _day of _ Executed in _ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

State of North Carolina
County of Mecklenburg

AFFIDAVIT Certificate Number 2018 - 35266 2

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

resident-Customer Administration Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said $N_1 J_0 Sims$, this the $1/\frac{M}{2}$ day of $\frac{May}{2}$ 20 $\frac{18}{8}$, to certify which, witness my hand and seal of office.

Signature of Officer administering oath

Lee Ann Queen

Notary Public

Printed name of officer administering oath

Title of officer administering oath

Lee Ann Queen **Notary Public** State of North Carolina County of Mecklenburg My commission expires November 11, 2022