## **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.  |                                       |  | Certificate Number:<br>2016-137629 |              |  |
|   | CMG Holdings, Inc.<br>Missouri City, TX United States   |                                       |  | Date Filed:                        |              |  |
| 2   | Name of governmental entity or state agency that is a party to the contract for which the form is   |                                       |  | 11/16/2016                         |              |  |
| _   | being filed.  |                                       |  |                                    |              |  |
|   | Fort Bend County  |                                       |  | 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.  999999 |                                       |  |                                    |              |  |
|   | Project Management Services   |                                       |  |                                    |              |  |
| 4   |   |                                       |  | Nature of interest                 |              |  |
| ľ   | Name of Interested Party  | City, State, Country (place of busine |  |                                    |              |  |
|   |   |                                       |  | Controlling                        | Intermediary |  |
| Gaskin, Pamiel  |   | Missouri City, TX United States       |  | Х                                  |              |  |
| Gaskin, Michael   |   | Missouri City, TX United States       |  | X                                  |              |  |
|   |   |                                       |  |                                    |              |  |
|   |   |                                       |  |                                    |              |  |
|   |   |                                       |  |                                    |              |  |
|   |   |                                       |  |                                    |              |  |
|   |   |                                       |  |                                    |              |  |
|   |   |                                       |  |                                    |              |  |
|   |   |                                       |  |                                    |              |  |
| 5 Check only if there is NO Interested Party.   |   |                                       |  |                                    |              |  |
| 6   | TERESA CISNEROS My Commission Expires May 2, 2017  Signature of authorized agent of contracting business entity   |                                       |  |                                    |              |  |
| Sworn to and subscribed before me, by the said Paniel J. Gaskin, this the 16 day of November 2016, to certify which, witness my hand and seal of office.  Teresa Cisneros No fary |   |                                       |  |                                    | ovember      |  |
|   | Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath  |                                       |  |                                    |              |  |