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: 2017-185558			
	3 Mobile-Vision, Inc.							
	Rockaway, NJ United States					Date Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.					03/30/2017		
	Fort Bend County				Date	Acknowledged:		
	,							
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.							
	HGAC EF 04-17							
	In-Car Video Equipment							
_	Nature of inte							
4	Name of Interested Party		City, State, Country (place of busin		ess) (check applicable)		pplicable)	
						Controlling	Intermediary	
							:	
			<u></u>					
5	Check only if there is NO Interested Party.	X						
6	AFFIDAVIN		officer and an accept of	i naviumu that tha	a bassa	diadaawa	and correct	
_		i swear, or	affirm, under penalty of	perjury, trial trie	above	e disclosure is not	e anu conect.	
	三点流行员 网络阿洛瓦	John Powers VP of Sales and Marketing Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE							
ACTION STATE ABOVE						-		
	Sworn to and subscribed before me, by the said _					30 day of <u>March</u> ,		
	20, to certify which, witness my hand and seal of office.							
	RYAN HOURIHAN							
	NOTARY PUBLIC OF NEW JERSEY							
		Comm. # 50038786 Ryan Hourihan Commission Expires 5/20/2021 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
	Signature of officer administering oath	Printed name of	officer administering oa	O VIZUIZUZI T		officer administer		