## **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: 2017-258856		
	ffice Depot, INC			2017-236030		
	oca Raton, FL United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			09/11/2017		
	eing filed. Fort Bend County			Date Acknowledged:		
	on Bend County			Date Holaio Holaige 2		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.					
	TCPN R141703					
	Office supplies and copy paper					
_	Nature of interest					
4	Name of Interested Party	City, State, Country (place of business)				
	,			Controlling	Intermediary	
					,	
_						
_						
_						
5	Check only if there is NO interested Party.		1			
6	6 AFFIDAVIT					
-	i swear, or aniirm, under penalty or perjury, that the above disclosure is true and correct.					
	Sandra Faley					
	Notary Public August 1997					
	Notary Public  State of Ohio  Signature of authorized agent of contracting business entity  My Commission Expires  May 17, 2022  Sworn to and subscribed before me, by the said  Subscribed before me, by the said  Motary Public  Signature of authorized agent of contracting business entity  AFFIX  AFFIX					
	20					
	Sendra Folie Sanden Folia Regional Admin					
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					