

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.

The Office Pal
lakewood, NJ United States

Certificate Number:
2017-258763

Date Filed:
09/11/2017

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

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.

TIPS 3062515
Toner and Ink

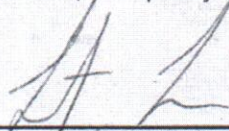
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

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

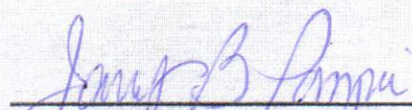


Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Comm. exp 2/14/2020

Sworn to and subscribed before me, by the said Latzie Tober, this the 13 day of Sept., 2017, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Janet B Pompei

Printed name of officer administering oath

notary

Title of officer administering oath