

# 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

Certificate Number:  
2016-113327

Date Filed:  
09/19/2016

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

PCMG, Inc. dba PCM Gov, Inc.  
Chantilly, VA United States

**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 Purchasing

**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.**

TX-DIR-SDD-2504  
Software

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.



**PAMELA S. SHAMBLIN**  
NOTARY PUBLIC - STATE OF OHIO  
Recorded in Champaign County  
My commission expires 2-28-18

*Penny Muse*  
Signature of authorized agent of contracting business entity

NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Notary, this the 19<sup>th</sup> day of September, 2016, to certify which, witness my hand and seal of office.

*Pam Shamblin*  
Signature of officer administering oath

**Pam Shamblin**  
Printed name of officer administering oath

**Sales Manager**  
Title of officer administering oath

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**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

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath