

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. Caldwell Automotive Partners Caldwell, TX United States	Certificate Number: 2016-112533
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	Date Filed: 09/15/2016
Date Acknowledged:	

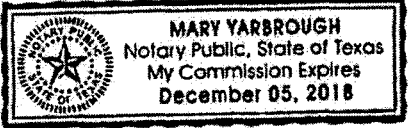
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

430-13
Emergency Equipment

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Jacobs, Wayne	Temple, TX US		X
Hildebrand, Jon	Temple, TX US		X
Way, Stephen	Temple, TX US	X	

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.



Wayne Jacobs
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Wayne Jacobs, this the 19 day of September 2016, to certify which, witness my hand and seal of office.

Mary Yarbrough Signature of officer administering oath
Mary Yarbrough Printed name of officer administering oath
Notary Title of officer administering oath

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Caldwell Automotive Partners
Caldwell, TX United States

Certificate Number:
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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

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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