

20 Channel Center Street
Boston, MA 02210
www.cengage.com



November 29, 2016

Fort Bend County Library
George Memorial Library
1001 Golfview Drive
Richmond, TX 77469

Dear Tabitha:

This letter confirms that Cengage Learning, Inc., (FEIN 59-2124491, DUNS 86-1016442), is the Sole Source Supplier and/or Publisher of the products (each product as an aggregated whole, inclusive of platform and not individual elements or portions thereof, a "Product") noted below and as represented on the Cengage website at www.cengage.com and in all published catalogs. All Products must be purchased directly by institutions from Cengage Learning, Inc. and/or through its authorized agents and are not available through any other content providers.

TITLE	Market Type
Gale Literary Criticism/LCO	Public

To place an order or for additional information contact the Cengage Learning Customer Service department by phone at (800) 877-4253 or email at gale.customerservice@cengage.com

Thank you for your interest in Cengage Learning.

Mir Loving
Subscription Renewal Specialist
Cengage Learning Inc.

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.

Cengage Learning Inc
Mason, OH United States

Certificate Number:
2016-141004

Date Filed:
11/29/2016

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 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.

10122
Sols Source Print Books

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.



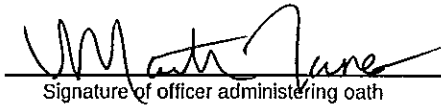
6 AFFIDAVIT

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

Sworn to and subscribed before me, by the said MICHAEL DALIDA, this the 29 day of November 2016, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Marietta Jones
Printed name of officer administering oath

MARIETTA JONES
Notary Public, State of Michigan
County of Oakland
My Commission Expires Dec. 31, 2018
Acting in the County of Oakland
Title of officer administering oath

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:
2016-141004

Date Filed:
11/29/2016

Date Acknowledged:
12/06/2016

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

Cengage Learning Inc
Mason, OH 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

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.

10122
Sols Source Print Books

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

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