	CERTIFICATE OF INTERESTED PARTIES			FORM 1295				
					1 of 1			
0400000	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: 2017-169748				
	Bob Barker Company, Inc. Fuquay Varina, NC United States	Date Filed:						
2	Name of governmental entity or state agency that is a party to the contract for which the form is			02/21/2017				
	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. 507-16 Officer Uniforms and Supplies and Armor							
4	Name of Interested Party City, State, Country (place of busin		ess)		Nature of interest (check applicable)			
	Name of Interested Party	Ony, State, Country (place of business		Controlling	Intermediary			
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					Managara and American American			
	AG 1 (2)							
					00.00			
-	5 Check only if there is NO Interested Party.							
	AFFIDAVIT AFFIDAVIT NOTARY PUBLIC PUBLIC Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP ST							
	Sworn to and subscribed before me, by the said Kycon \	WIKIE, this the	21	day of _	eb			
20, to certify which, witness my hand and seal of office. My Commission Expires 01/30/2018								
	1 NWILLSOIT CITY IN	s. Morgan	Notary Public					
	Signature of officer administering oath Printed name o	t officer administering cath	Title of o	officec.bdminister	ing 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	CHARLEST SANCTON DOCUMENTS			
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	Bob Barker Company, Inc. Fuquay Varina, NC United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	02/21/2017						
	Fort Bend County				ate Acknowledged: 1/25/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid-	ity or state agency to track or identify ded under the contract.	itify the contract, and provide a					
	507-16 Officer Uniforms and Supplies and Armor							
4	Name of Interested Party City, State, Country (place of busin				pplicable)			
				Controlling	Intermediary			
	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				
	Signature of officer administering oath Printed name of	officer administering oath	itle of o	officer administeri	ng oath			