

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. Axon Enterprise, Inc. Scottsdale, AZ United States | Certificate Number: 2017-261011 |
| 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: 09/14/2017 |
| 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.

TXSmartBuy #680-A1 Police Equi
 Conducted electrical weapons and accessories

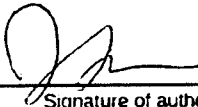
| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | |
|----------------------------|--|---------------------------------------|--------------|
| | | Controlling | Intermediary |
| CULLIVAN, JULIE ANN | Scottsdale, AZ United States | X | |
| TAYLOR, BRET | Scottsdale, AZ United States | X | |
| PARTOVI, HADI | Scottsdale, AZ United States | X | |
| MARTZ, JUDY | Scottsdale, AZ United States | X | |
| KROLL, MARK | Scottsdale, AZ United States | X | |
| CARMONA, RICHARD | Scottsdale, AZ United States | X | |
| MCBRADY, MATTHEW | Scottsdale, AZ United States | X | |
| Smith, PATRICK | Scottsdale, AZ United States | X | |
| GARNREITER, MICHAEL | Scottsdale, AZ United States | 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.

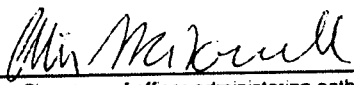


AFFIX NOTARY STAMP / SEAL ABOVE



 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said EVP, Global Sales, this the 14 day of September, 2017, to certify which, witness my hand and seal of office.


 Signature of officer administering oath

Alissa McDowell
 Printed name of officer administering oath

Br. Contracts Mgr.
 Title of officer administering oath

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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.
Axon Enterprise, Inc.
Scottsdale, AZ United States

Certificate Number:
2017-261011

Date Filed:
09/14/2017

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:
09/26/2017

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.
TXSmartBuy #680-A1 Police Equi
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| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
| CULLIVAN, JULIE ANN | Scottsdale, AZ United States | X | |
| TAYLOR , BRET | Scottsdale, AZ United States | X | |
| PARTOVI, HADI | Scottsdale, AZ United States | X | |
| MARTZ, JUDY | Scottsdale, AZ United States | X | |
| KROLL, MARK | Scottsdale, AZ United States | X | |
| CARMONA, RICHARD | Scottsdale, AZ United States | X | |
| MCBRADY, MATTHEW | Scottsdale, AZ United States | X | |
| Smith, PATRICK | Scottsdale, AZ United States | X | |
| GARNREITER, MICHAEL | Scottsdale, AZ United States | 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.

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