

# 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:  
2017-258480

Date Filed:  
09/08/2017

Date Acknowledged:

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

The Bob Barker Company, Inc.  
Fuquay Varina, NC 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

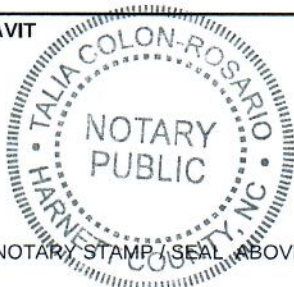
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

506-16  
BuyBoard - Inmate Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Johns, Nancy	Cary, NC United States	X	
	Barker Jr., Robert	Raleigh, NC 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.



Ryan Wilkie  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE My Commission Expires 6-12-2021.

Sworn to and subscribed before me, by the said Ryan Wilkie, this the 11th day of Sept, 2017, to certify which, witness my hand and seal of office.

Talia Colon-Rosario Signature of officer administering oath  
Talia Colon-Rosario Printed name of officer administering oath  
NOTARY PUBLIC / SR Contract Specialist Title of officer administering oath

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**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

**Date Acknowledged:**  
09/26/2017

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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