

# 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.

GULF COAST PAPER COMPANY INC  
CLUTE, TX United States

Certificate Number:  
2017-258697

Date Filed:  
09/11/2017

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:

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.

490-15  
Janitorial Supplies

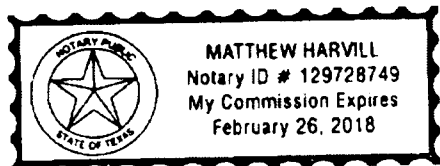
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Theresa Stewart  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said THEKESA STEWART, this the 11 day of September, 2017, to certify which, witness my hand and seal of office.

Matthew Harvill  
Signature of officer administering oath

Matthew Harvill  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

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 CLUTE, TX United States

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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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 490-15  
 Janitorial Supplies

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