

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:
2017-258534

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.

L3 Mobile-Vision, Inc.
Rockaway, NJ 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.

HGAC EF04-17
In-car video equipment

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

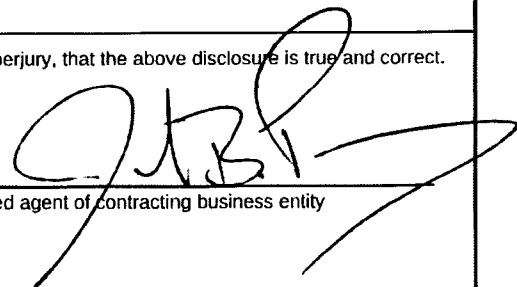
5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

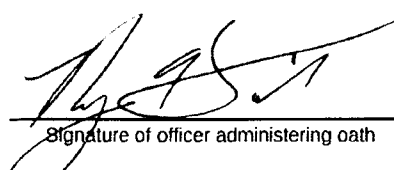
John Powers
VP of Sales and Marketing

Signature of authorized agent of contracting business entity



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Powers, this the 8 day of September, 2017, to certify which, witness my hand and seal of office.



Signature of officer administering oath

RYAN HOURIHAN
NOTARY PUBLIC OF NEW JERSEY

Comm. # 50038786 Proposal Writer

My Commission Expires 5/20/2021

Printed name of officer administering oath

Title of officer administering oath

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Certificate Number:
2017-258534

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			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