## **Sales Quote**

Quote Number: UT1000380067 Quote Date: 06/28/2017

Quote Expiration Date: 08/12/2017

Customer Code: FTBTX1 Customer PO#: Turnkey Quoted To: Sgt Angel Rader Customer Phone: 2813414696



Mailing: PO Box 429, Fuquay-Varina, NC 27526-0429 Payment: PO Box 890885, Charlotte, NC 28289-0885

Phones: (800) 334-9880 Fax: (800) 322-7537

Fed I.D. #: 56-1558062

Page 1 of 1

Sold To:

Ft Bend County Auditor

Debbie Ritch 301 Jackson St

Richmond, TX 77469 US

Ship To:

Ft Bend Cnty Sher Dept

1410 Williams Way Blvd Richmond, TX 77469 US

Product Code	Quantity	U/M	Unit Price	Amount
<b>ZVC-CLRE</b> Van, Chev. Express 155WB	1 EA Extended Van Length		\$32123.00	\$32,123.00
ZVCE-LREWB  Vancell Elite, Low Roof	1	EA	\$25000.00	\$25,000.00
OPTION1 Installation-VanCell/VC Elite	1 Installed by	EA Bob Barker Co.	\$1984.00	\$1,984.00
ZSVR-4100-4CAMLCD DVR Kit - VanCell Elite	1	EA	\$2233.82	\$2,233.82
OPTION19C-INSTALL Installation of DVR	1	EA	\$185.00	\$185.00

When placing your order, please refer to this quote number.

 Subtotal:
 61,525.82

 Freight:
 0.00

 Taxes:
 0.00

 Payment:
 0.00

 Total:
 \$61,525.82

## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

of 1

Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Bob Barker Company, Inc. 12 Name of povernmental entity or state agency that is a party to the contract for which the form is being filed. 12 Powide 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.  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.  4 Name of Interested Party  Cary, NC United States  X  Saleigh, NC United States  To Controlling Intermediate States  Saleigh, NC United States  Controlling Intermediate States  Controlling Intermediate States  Saleigh, NC United States  X  Saleigh, NC United States  X  Saleigh, NC United States  Controlling Intermediate States						1 01 1	
of business. Bob Barker Company, Inc. Fuquay Varina, NC United States  Name of governmental entity or state agency that is a party to the contract for which the form is  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.  Post Dend Country Sheriff's Department  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.  City, State, Country (place of business)  Nature of interest (check applicable)  Controlling Internet  Cary, NC United States  X  Barker Jr., Robert  Iswear, or affirm, under penalty of perjury, that the above disclosure is true and corr  Public  NOTARY  Public  Wy Commission Expires  Livid 20 1					OFFICE USE ONLY CERTIFICATION OF FILING		
Bob Barker Company, Inc. Fuquey 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 Sheriff's Department  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  VanCell  4 Name of Interested Party  City, State, Country (place of business)  Donns, Nancy  Cary, NC United States  X  Raleigh, NC United States  X  Services, goods, or other property to be provided under the contract.  Some of interest (check applicable)  Controlling Internst Country, Robert  1 swear, or affirm, under penalty of perjury, that the above disclosure is true and cord of the contract of authorized agent of contracting business entity  Wy Commission Expires (2 2 30 2),  Sworn or and subscribed before me, by the said  PARTED NOTARY STAMP Residuants  Wy Commission Expires (2 2 30 2),  Take Colon States  Notary Public States  Notary States	1	dame of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
Euquy Varina, NC United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is 10/06/2017  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.  506-18  VanCell  4 Name of Interested Party  City, State, Country (place of business)  Cary, NC United States  X  Raleigh, NC United States  X  Searker Jr., Robert  I swear, or affirm, under penalty of perjury, that the above disclosure is true and cord displanture of authorized agent of contracting business entity  W Commission Expires  Equal Notary States  Agy or Oct  Targan Notary  Locally Variance of interested Party.  Cary, NC United States  X  AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and cord displanture of authorized agent of contracting business entity  W Commission Expires  Equal Notary  Targan Colon  Search Colon  Agy or Oct  Targan Colon  Search Colon				2017	7-269303		
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. Fort Bend County Sheriff's Department  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 VanCell  4 Name of Interested Party  City, State, Country (place of business)  Cary, NC United States  X  Barker Jr., Robert  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 or authorized agent of contracting business entity  AFFIDAVIT  AFFIDAVIT  AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct or authorized agent of contracting business entity  AFFIDAVIT  A				Date	Filed:		
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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 VanCell  4 Name of Interested Party  City, State, Country (place of business)  Controlling Interested Party  Cary, NC United States  X  Raleigh, NC United States  X  Barker Jr., Robert  Raleigh, NC United States  X  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct or authorized agent of contracting business entity  AFFIDAVIT  AFFIDAVITABLE  AFFIDAVIT		being filed.	ic contract for which the form is				
AFFIDAVIT    A Name of Interested Party   City, State, Country (place of business)   Controlling   Interest (check applicable)		Fort Bend County Sheriff's Department		Date	Acknowledged:		
AFEIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correctly public of supressed party.  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correctly public or authorized agent of contracting business entity.  AFEIX NOTARY STAME ("Stake Linabed Ve")  Sworn to and subscribed before me, by the said expanding and and seal of office.  APARAGON STARLE (COLON)  Nature of interest (Check applicable)  Controlling Internet (Check applicable)  Controlling Internet (Check applicable)  A Particle (Check applicable)  Controlling Internet (Check applicable)  A Particle (Check appli							
Service of Interested Party  City, State, Country (place of business)  Controlling Intermed C	3	Provide the identification number used by the governmental enti	ity or state agency to track or ider	tify the c	ontract, and pro	vide a	
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AFFIDAVIT  AFFIX NOTARY STAMM SEAFINABLY WHICH, witness my hand and seal of office.  Name of Interested Party  City, State, Country (place of business)  (check applicable)  Controlling Intermet  X  Raleigh, NC United States  X  Iswear, or affirm, under penalty of perjury, that the above disclosure is true and correct or authorized agent of contracting business entity  My Commission Expires  Sworn to and subscribed before me, by the said 20 L. to certify which, witness my hand and seal of office.  Notary Public		vancen					
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Barker Jr., Robert  Raleigh, NC United States  X  Scheck only if there is NO Interested Party.  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct public of the public of					Controlling	Intermediary	
TAFIX NOTARY STAMP "BEALLIARS OVE Sworn to and subscribed before me, by the said 20 L. to certify which, witness my hand and seal of office.  TAICA COLON SIZE.  Second State Colon Size.  Notary Public Colon Sworn to and subscribed before me, by the said 20 L. to certify which, witness my hand and seal of office.  Notary Public Colon Spires Colon Size.  Notary Public Colon Size.	Joł	ns, Nancy	Cary, NC United States		X		
AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and corr  NOTARY  PUBLIC  Signature of authorized agent of contracting business entity  My Commission Expires  Sworn to and subscribed before me, by the said  20  To certify which, witness my hand and seal of office.  Notary Public  Notary Publi	За	rker Jr., Robert	Raleigh, NC United States		Х		
AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and corr  Signature of authorized agent of contracting business entity  My Commission Expires (2 20 2)  Sworn to and subscribed before me, by the said 20 H, to certify which, witness my hand and seal of office.  Notary Public  Not							
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AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and corrections and subscribed before me, by the said  Ryan Wilkie, this the day of October 100 of the contracting with the said of the contracting business entity.  Sworn to and subscribed before me, by the said 20 of the contracting business entity.  AFFIX NOTARY STAMP INSEMBLINABED VE RYAN WILKIE, this the day of October 100 of the contracting business entity.  Sworn to and subscribed before me, by the said of office.  Notary Publication Significant Significan							
AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and corrections and subscribed before me, by the said  Ryan Wikie, this the day of October 100 of the contracting with the said of the contracting business entity.  Sworn to and subscribed before me, by the said 20 of the contracting business entity.  AFFIX NOTARY STAMP INSTEAL HABBOVE  Ryan Wikie, this the day of October 100 of the contracting business entity.  AFFIX NOTARY STAMP INSTEAL HABBOVE  Ryan Wikie, this the day of October 100 of the contracting business entity.  Sworn to and subscribed before me, by the said of office.  Notary Publication Significant Signifi							
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Sworn to and subscribed before me, by the said <a href="Kyan Wilkie">Kyan Wilkie</a> , this the <a href="#gay of Oct-20">Gay of Oct-20</a> 20 12, to certify which, witness my hand and seal of office.  Notary Publicant Spaces Sp. Contracts		THE PART OF THE PA					
Sworn to and subscribed before me, by the said <a href="Kyan Wilkie">Kyan Wilkie</a> , this the <a href="#gay of Oct-20">Gay of Oct-20</a> 20 12, to certify which, witness my hand and seal of office.  Notary Publicant Spaces Sp. Contracts	5	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that	the above	e disclosure is true	e and correct.	
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1 - State of the s	83	Signature of officer administering oath Printed name of	officer administering oath	Title of	officer administer	ing oath	

## CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-269303 Bob Barker Company, Inc. Date Filed: Fuguay Varina, NC United States 10/06/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Fort Bend County Sheriff's Department 10/24/2017 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 VanCell Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Raleigh, NC United States Х Barker Jr., Robert Cary, NC United States Х Johns, Nancy 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