

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.

LexisNexis, a division of RELX Inc
Miamisburg, OH United States

Certificate Number:
2017-273259

Date Filed:
10/17/2017

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.

13180 Lexis Nexis
DIR DIR-LGL-CALIR-01A Legal Assistance Subscription .

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RELX U.S. Holdings Inc.	Newton , MA United States	X	

5 Check only if there is NO Interested Party.



6 AFFIDAVIT



AFFIX NOTARY STAMP/SEAL ABOVE

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

Marcy Lisle

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Marcy Lisle, Sr. Proposal Writer, this the 17th day of October, 2017, to certify which, witness my hand and seal of office.

Micah S. Asch

Signature of officer administering oath

MICAH S ASCH, Notary Public
In and for the State of Ohio
My Commission Expires Nov. 2, 2020

Printed name of officer administering oath

Proposal Manager

Title of officer administering oath

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Miamisburg, OH United States

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☐

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