CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| _ | | | | | | 1011 | | | | |
|--|--|---|---------------------------------------|---------------------|-----------|--------------|--|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested pa Complete Nos. 1, 2, 3, 5, and 6 if there are no interest | OFFICE USE ONLY CERTIFICATION OF FILING | | | | | | | | |
| 1 | Name of business entity filing form, and the city of business. | Certificate Number: 2017-289709 | | | | | | | | |
| | SimplexGrinnell LLC | • | | | | | | | | |
| | | louston, TX United States | | | | | | | | |
| 2 | Name of governmental entity or state agency the being filed. | 12/04/2017 | | | | | | | | |
| | Fort Bend County | Date Acknowledged: | | | | | | | | |
| 3 | | vide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a cription of the services, goods, or other property to be provided under the contract. | | | | | | | | |
| | 12958 | | | | | | | | | |
| | parts and service | | | | | | | | | |
| 4 | | | | Nature of interest | | | | | | |
| • | Name of Interested Party | | City, State, Country (place of busing | | | | | | | |
| | | | | Control | ling | Intermediary | | | | |
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| | | | | | | | | | | |
| 5 | Check only if there is NO interested Party. | X | | <u> </u> | | | | | | |
| 3 | AFFIDAVIT | FIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | | | | | |
| | NICOSHA L. THOMPSON Notary Public, State of Texas Comm. Expires 02-18-2020 Whagan Cikus | | | | | | | | | |
| | Notary ID 130544990 Signature of authorized agent of contracting business entity | | | | | | | | | |
| , | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | |
| Sworn to and subscribed before me, by the said <u>Meagan Eskue</u> , this the <u>4</u> day of <u>December</u> , 20_17, to certify which, witness my hand and seal of office. | | | | | | | | | | |
| | Micosha Thompson Administrative Ast. | | | | | | | | | |
| | Signature of officer administering oath P | rinted name of o | fficer administering oath Titl | le of officer admir | nistering | oath | | | | |

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 to business. | Certificate Number: 2017-289709 | | | | | | |
| | SimplexGrinnell LLC | | | | | | | |
| | Houston, TX United States | | Date Filed: | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the con- | tract for which the form is | 12/04/2017 | | | | | |
| | being filed. | | Date Acknowledged: | | | | | |
| | Fort Bend County | 12/12/2017 | | | | | | |
| _ | Provide the identification number used by the governmental entity or s | the contract, and provide a | | | | | | |
| 3 | description of the services, goods, or other property to be provided ur | nder the contract. | | | | | | |
| | 12958 | | | | | | | |
| | parts and service | | | | | | | |
| 4 | | | Nature of interest | | | | | |
| • | Name of Interested Party City | City, State, Country (place of business | | (check applicable) | | | | |
| | | | | Controlling | Intermediary | | | |
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| r | | | | | - | | | |
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| 5 | Check only if there is NO Interested Party. | | | l | <u></u> | | | |
| 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. | | | | | | | |
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| | Signature of officer administering oath Printed name of officer | administering oath Ti | itle of c | officer administeri | ng oath | | | |