CERTIFICATE OF INTERESTED PARTIES

Agenda Item 26 DD

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 | | |
| _ | | | | CERTIFICATION OF FILING Certificate Number: | | |
| 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. | | | 2018-405753 | | |
| | | | | | | |
| | Fuquay Varina, NC United States | | | Date Filed: 09/19/2018 | | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | 09/19/2018 | | |
| | Fort Bend County | | | Date Acknowledged: 09/25/2018 | | |
| 3 | Provide the identification number used by the governmental ent | ity or state agency to track or iden | ify the c | ontract, and prov | /ide a | |
| 3 | description of the services, goods, or other property to be provide | ded under the contract. | • | • | | |
| | 506-16 | | | | | |
| | BuyBoard Contract for Detention Facility Equipment and Sup | plies | | | | |
| _ | | | | Nature of interest | | |
| 4 | Name of Interested Party City, State, Country (place of busin | | siness) | (check ap | | |
| | | | | Controlling | Intermediary | |
| Johns, Nancy | | Cary, NC United States | nited States | | | |
| Barker Jr., Robert | | Raleigh, NC United States | | Х | | |
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| _ | Check only if there is NO Interested Party. | | | | | |
| | , L | · · · · · · · · · · · · · · · · · · · | | | | |
| 6 UNSWORN DECLARATION | | | | | | |
| | My name is, and my date of birth is | | | | • | |
| | My address is | | , | | , | |
| | (street) | (city) | (state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | | | |
| | Executed inCount | y, State of, on t | ne | day of | , 20 | |
| | | | | (month) | (year) | |
| | | Signature of authorized egent of | ontraction | na husinges ontitu | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | |