

September 20, 2018

Fort Bend County Atten: Shenae Theriot-Mericle 301 Jackson Street, Suite 201 Richmond, TX 77469

Subject: Trafficware Group, Inc. as the sole source supplier of Trafficware Group, Inc. School Zone Light repair parts in the state of Texas

Dear Mrs. Theriot-Mericle:

Trafficware Group, Inc. provides traffic control equipment to agencies throughout the country. This letter is to act as an official document concerning the sole source nature of Trafficware's Chronomax equipment. All Trafficware equipment is manufactured, marketed and serviced exclusively by Trafficware Group, Inc. for traffic system and school zone light applications, and is only available through Trafficware Group, Inc. in the state of Texas.

Sincerely,

Joe Custer

CFO

Trafficware Group, Inc.

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011	
	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.	. 1 - 4 and 6 if there are interested parties. . 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. Trafficware Group, Incorporated			Certificate Number:		
			20:	2018-402805		
	Sugar Land, TX United States		Dat	te Filed:		
2			09/	09/11/2018		
	being filed. Fort Bend County		Dat	Date Acknowledged: 10/02/2018		
			10/			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		lentify the	contract, and prov	/ide a	
	Vendor 13581					
	Traffic Control Repair Components (includes school zones)					
_	1			Nature of interest		
4	Name of Interested Party City, State, Country (place of busin		business)	ess) (check applicable)		
				Controlling	Intermediary	
_			-			
				+		
_			····			
				 		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is, and my date of I			is		
	AA. addagaa ia					
	My address is	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	, State of, c	on the			
				(month)	(year)	
		Signature of authorized agent (Declarant		ing business entity		