**Quote Prepared For:**

County of Fort Bend
301 Jackson
Ste# 201
Richmond, TX  77469
03/12/2021
Ref #:

**Prepared By:**    25A

Chris Ansted
Liberty Office Products
800-460-8900
cansted@libertyoffice.com

Customer #:    160156
Quote #:        32013

| ITEM | DESCRIPTION | QTY | U/M | Liberty Price | Liberty Ext Price |
|------|-------------|-----|-----|---------------|-------------------|
| LIBGLONITS | GLOVE,NITRILE,PF,100BX,S | 625 | BX | 22.00 | 13,750.00 |
| LIBGLONITM | GLOVE,NITRILE,PF,100BX,M | 2,875 | BX | 22.00 | 63,250.00 |
| LIBGLONITL | GLOVE,NITRILE,PF,100BX,L | 1,000 | BX | 22.00 | 22,000.00 |
| LIBGLONITXL | GLOVE,NITRILE,PF,100BX,XL | 500 | BX | 22.00 | 11,000.00 |
| CHOICEPART | 21/019SG-07 contract number | 1 | EA | 0.00 | 0.00 |

Subtotal:    110,000.00
Sales Tax:         0.00
Your Liberty Total:    $110,000.00

Phone 800-460-8900 * FAX 800-460-8999 * libertyoffice.com    Page:    1

05/07/2021 Original (e) sent to Jessica Carabajal, Purchasing dept.

# CERTIFICATE OF INTERESTED PARTIES

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  Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Liberty Office Products
Houston, TX United States

**Certificate Number:**
2021-742474

**Date Filed:**
04/23/2021

**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:**
05/04/2021

**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.**

21809
Purchase of Gloves Choice Partners Contract 21/019SG

| 4   Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | **Controlling** | **Intermediary** |
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**5  Check only if there is NO Interested Party.**  [X]

**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.

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month)                  (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)