

# 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.**

DOCUmentation of North Texas, Inc  
Grapevine , TX United States

Certificate Number:  
2016-1352

Date Filed:  
01/06/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

City of Fort Worth

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 goods or services to be provided under the contract.**

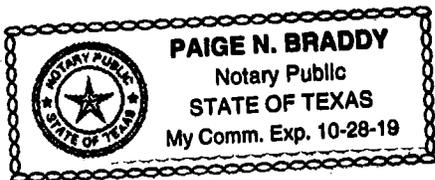
CSC 45231  
Office Equipment

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |
|   | _____                    | _____                                    | _____                                 | _____        |

5 Check only if there is NO Interested Party.

**6 AFFIDAVIT**

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



AFFIX NOTARY STAMP / SEAL ABOVE

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Scott Hanson, this the 6<sup>th</sup> day of January, 2016, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

Paige Braddy  
Printed name of officer administering oath

Relationship Banker  
Title of officer administering oath