CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	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.			Certificate Number:		
	ErgoFlex Systems, Inc. dba Xybix Systems, Inc.			2016-61286		
	Littleton, CO United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		05/24/2016			
	ErgoFlex Systems, Inc. dba Xybix Systems, Inc.			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 services, goods, or other property to be provided under the contract.					
	84-1174133 Manufacture wood furniture, dispatch workstations furniture					
4	N	City State Country (place of hypinger)		Nature of interest (check applicable)		
Name of Interested Party		City, State, Country (place of business)		Controlling	Intermediary	
Carson, Kenneth		Littleton, CO United States		Х		
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.						
	Inge R Meyer Notary Public					
	State of Colorado					
,	My Commission Expires // 25 2006 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Kennoth Q Carson , this the May day of 34th - ,					
20, to certify which, witness my hand and seal of office.						
	Doughterman Vice President of Sales					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						