FORM **1295**

	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 of business.	business entity's place	Certificate Number: 2017-169773		
	Enesco LLC				
<u> </u>	Itasca, IL United States	ot for which the form is	Date Fi 02/21/2		
2	Name of governmental entity or state agency that is a party to the contrabeing filed.	CUTOT WINCH THE TOTALIS	·		
	Japanese Garden Treasure Tree Gift Shop		Date A	cknowledged:	
3	Provide the identification number used by the governmental entity or sta description of the services, goods, or other property to be provided under	te agency to track or identify or the contract.	the con	tract, and prov	ride a
	17-0198				
	giftware for the gift shop				
4				Nature of	
	Name of Interested Party City, S	tate, Country (place of busine		(check ap	plicable) Intermediary
				Controlling	momoniary
		· · · · · · · · · · · · · · · · · · ·			
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm, ur	nder penalty of perjury, that the	above d	isclosure is true	and correct.
	OFFICIAL SEAL		Λ		
	NOTARY PUBLIC - STATE OF ILLINOIS	atol T/	14.		
	, MY COMMISSION EXPIRES:10/14/18	un /	V		
	/ Signa	ture of authorized agent of cont	tractivity k	ousiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said Matthew T. Myr	en, this the2	23rd	_{day of} <u>Feb</u>	ruary
	20.17 , to certify which, witness my hand and seal of office.				
	$0 \sim 0$				
\	Linda Delayelle Linda Del	azzer	lotar	y Public	
	Signature of officer administering data Printed name of officer ad	Iministering oath T	itle of off	ficer administeri	ng oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-171740 Artistic Solutions Inc Fort Worth, TX United States Date Filed: 02/25/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Fort Worth 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. Hand-crafted Lotion Candles Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Fort Worth, TX United States X Artistic Solutions Inc 5 Check only if there is NO Interested Party. I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. NANCY MARTIGNAGO Notary Public STATE OF TEXAS My Comm. Exp. 10-02-18

AFFIX NOTARY STAMP / SEAL ABOVE

ulia P. McCall, this the 27 Sworn to and subscribed before me, by the said

, to certify which, witness my hand and seal of office.

				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.	CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number: 2017-169212		
	Farcountry Press			
2	Helena, MT United States Name of governmental entity or state agency that is a party to the contract for which the form is	Date Filed: 02/20/2017		
	being filed.			
	City of Fort Worth Texas	Date	Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the co	ontract, and prov	/ide a
	17-0198			
	Books			
4			Nature of	interest
•	Name of Interested Party City, State, Country (place of busin	ess)	(check ap	
_			Controlling	Intermediary
_				
5	Check only if there is NO Interested Party.			
	<u> </u>			
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	LACEY OLSON NOTARY PUBLIC for the			
	State of Montana	1	7. 1 7	- P. I
	Residing at Helena, Montana My Commission Expires Signature of authorized agent of continuous states agent agent of continuous states agent a	racting	business entity	24/1/25
	DBC8/moer 31, 2019			ノ
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said Couve Norling for Farcusty this the	215#	day of fel	nans.
	20 1 , to certify which, witness my hand and seal of office.		•	
	$\sim \wedge$			
	VAMILIAN Lacey Olson			
		tle of o	fficer administerin	g oath
				•
ori	ns provided by Texas Ethics Commission www.ethics.state.tx.us		\/er	sion V1.0.277

1. Name of business entity filing form, and the city, state and country of the business entity's place of business. Litelating Brands, Inc. Fred & Friends division Garden City, NY United States 2. Name of governmental entity or state agency that is a party to the contract for which the form is bottanical Garden City, NY United State Bottanical Garden Japanese Garden Treasure Tree Gift Shop 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. 17-0198 gift products to be sold in Japanese Garden Treasure Tree Gift Shop 4. Name of Interested Party City, State, Country (place of business) Controlling Intermedian Nature of interest (check applicable) Controlling Intermedian Intermedian The Check only if there is NO Interested Party. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Dempkasset, this the 23 day of February AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Dempkasset, this the 23 day of February AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Dempkasset, this the 23 day of February AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Dempkasset, this the 23 day of February AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Dempkasset in the state of officer administering oath Title of officer administering oath Title of officer administering oath Title of officer administering oath	⊨					1 of 1		
of business. Litetiris Brands, Inc Fred & Friends division Garden City, NY United States Date Filed: 2027:37207 Date Acknowledged: Date Acknowledged: Date Filed: 2027:37207 Date Acknowledged: Date A		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			
Literine Brands, Inc. Fred & Friends division Garden City, NY United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is Bottanical Garden Japanese Garden Treasure Tree Gift Shop 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. 17-0198 gift products to be sold in Japanese Garden Treasure Tree Gift Shop 4 Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermedian Tritler of interest discussure is true and correct. Signature of authorized agent of contracting business entity AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above discussure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworm to and subscended before me, by the said Dance Damp Kroussitus this the 23 day of February AFFIX NOTARY STAMP / SEAL ABOVE Sworm to and subscended before me, by the said Dance Damp Kroussitus this the 23 day of February AFFIX NOTARY STAMP / SEAL ABOVE Sworm to and subscended before me, by the said Dance Damp Kroussitus this the 23 day of February AFFIX NOTARY states of officer administering oath Title of officer administering oath Title of officer administering oath Title of officer administering oath	1	Name of business entity filing form, and the city, state and country of the business entity's						
Sarrier of authorized agency that is a party to the contract for which the form is plate Filed: 2 Name of powermental entity or state agency that is a party to the contract for which the form is postanical Garden Japanese Garden Treasure Tree Gift Shop 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. 17-018 gift products to be sold in Japanese Garden Treasure Tree Gift Shop 4 Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermedian Controlling Intermedian I swear, or affirm, under penalty of perjuy, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIDAVIT I swear or affirm and penalty of perjuy, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Phra Dampkonsky this the 23 day of February Albert Hra S Stevens Signature of officer administering oath Tille of officer administering oath Tille of officer administering oath					7-170584			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. Botanical Garden Japanese Garden Treasure Tree Gift Shop 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. 17-0198 gift products to be sold in Japanese Garden Treasure Tree Gift Shop 4 Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermedian Controlling Intermedian I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Lincal Damp Koussil, this the 23 day of February Signature of officer administering oath Printed name of officer administering oath Tille of officer administering oath			l,	Bara Milad				
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. 17-0198 gift products to be sold in Japanese Garden Treasure Tree Gift Shop 4 Name of Interested Party City, State, Country (place of business) Controlling Intermedian Name of Interested Party I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. AFFIDANT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Dana Dana Koussia. This the 23 day of February Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath Title of officer administering oath	2							
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. 17-0188 gift products to be sold in Japanese Garden Treasure Tree Gift Shop 4 Name of Interested Party City, State, Country (place of business) Nature of Interest (check applicable) Controlling Intermedian Intermedian Intermedian I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Domp Kassel, this the 23 day of February Signature of officer admynistering oath Title of officer administering oath Title of officer administering oath Title of officer administering oath		being filed.		,				
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gift products to be sold in Japanese Garden Treasure Tree Gift Shop A Name of Interested Party City, State, Country (place of business) Controlling Intermedian Control	3	Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract.	or identify t	he co	ontract, and pro	vide a		
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Dmpkask, this the 23 day of February 20 1 to certify which, witness my hand and seal of office. City, State, Country (place of business) City, State, Country (place of business) Controlling Intermedian Intermedian Intermedian								
Name of Interested Party City, State, Country (place of business) Controlling Intermedian Con	,	gift products to be sold in Japanese Garden Treasure Tree Gift Shop	,					
Controlling Intermedian Intermedian Controlling Intermedian Controlling Intermedian Controlling Intermedian Interm	4	None of later-to-day						
5 Check only if there is NO Interested Party. I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Dehra Domp Kowsky, this the 23 day of February to certify which, witness my hand and seal of office. Albert true 5 Stevens Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		City, State, Country (place	of busines	55)				
is Check only if there is NO Interested Party. I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE					Controlling	Intermediary		
is Check only if there is NO Interested Party. I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE		,						
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I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Conglange								
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Conglange			· · · · · · · · · · · · · · · · · · ·					
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Conglange	j (Check only if there is NO Interested Party.	····					
Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Dehra Dompkowski, this the 23 day of February 20 11 to certify which, witness my hand and seal of office. Albert fra 5. Stevens 8-17-2019 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		X						
Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Domp Kowski, this the 23 day of February 20 17, to certify which, witness my hand and seal of office. Abort 10 Stevens 8-17-2019 Signature of officer administering oath Printed name of officer administering oath		AFFIDAVIT I swear, or affirm, under penalty of perjury	, that the ab	ove (disclosure is true	and correct.		
Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Domp Kowski, this the 23 day of February 20 17, to certify which, witness my hand and seal of office. Abort 10 Stevens 8-17-2019 Signature of officer administering oath Printed name of officer administering oath								
Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Debra Domp Kowski, this the 23 day of February 20 17, to certify which, witness my hand and seal of office. Abort 10 Stevens 8-17-2019 Signature of officer administering oath Printed name of officer administering oath								
Sworn to and subscribed before me, by the said Dobra Domp Kowski, this the 23 day of February 20_1, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		alora Or	ropus	res	(U	-		
Sworn to and subscribed before me, by the said Dobra Domp Kowski, this the 23 day of February 20_1, to certify which, witness my hand and seal of office. Control of the said Dobra Domp Kowski, this the 23 day of February day of February signature of officer administering oath Control of the said Dobra Domp Kowski, this the 23 day of February day of Februa		Signature of authorized age	nt of contrac	cting	business entity			
20 L. to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	A	AFFIX NOTARY STAMP / SEAL ABOVE						
20 L. to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	_	Del a Donakasaki	27	1				
Time of direct definitistering ball		Sworn to and subscribed before me, by the said 10000 10000 10000 1000 1000 1000 1000	the <u>d</u>	<u> </u>	day of <u>FU</u>	bruan		
Time of direct definitistering ball		OBertinal Stule Allertino Staller	~ S	<u>-</u> -	17-201	G		
Time of direct definitistering ball	-	Signature of officer administering oath Printed name of officer administering oath	Titlo	of of	ficer administration	<u>/</u>		
1 Care CAPIED	/	/ John College						

					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.		CEF	OFFICE USE	The state of the s	
1	of business. KASHU SALES INTERNATIONAL INC SOUTH EL MONTE, CA United States			Certificate Number: 2017-172155 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed. CITY OF FORTH WORTH	e contract for which the form is	02/27/2017 Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 17-0198 JAPANESE GIFT ITEMS	ty or state agency to track or identi led under the contract.	fy the co	ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of bus	Nature of interest (check applicable) Controlling Intermedia			
Kashu Sales International Inc SOUTH EL MONTE, CA U		SOUTH EL MONTE, CA Unite	d	X		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that	the abov	e disclosure is tru	ue and correct.	
	Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the _		day of		
	20, to certify which, witness my hand and seal of office.	ASE SEE ATTACHED J	URA	г		
	Signature of officer administering oath	officer administering oath	Title of	officer administe	ering oath	

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. State of California County of Los Angeles Subscribed and sworn to (or affirmed) before me on this 27th day of February, 20_17, by Saho Kubayama proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. JASMIN ARMIJO Notary Public - California Los Angeles County Commission # 2149659 My Comm. Expires Apr 19, 2020 Jasmin Cerniso (Seal) Signature

FORM 1295

_							
	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: 2017-171177			
	Mascot International Inc.			212271			
	Berkeley, CA United States			Filed: 3/2017			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02123	3/2017			
	Japanese Garden Treasure Tree Gift Shop			Acknowledged:	÷		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a		
	17-0198						
	24K Gold and Chrome plated novelty gifts accented with Swa Mail {TM} environmental friendly gift package of stationery and	rovski{R} crystal elements. Patente d novelties.	ed and				
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap			
	,	and, committy (place of account	,	Controlling	Intermediary		
Ch	nan, Michael	Berkeley, CA United States		Х	-		
				N			
	6	~					
					. (
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT						
	SARAH C. UMBENHOWER	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
	COMM. # 2102534 NOTARY PUBLIC CALIFORNIA ALAMEDA COUNTY My Comm. Exp. April 5, 2019	nehall ht ch	a	w			
	Benedicture office, of the order of the office, of the order of the or	Signature of authorized agent of cont	racting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE	0.4					
	Sworn to and subscribed before me, by the said Michael L 20_17, to certify which, witness my hand and seal of office.	.F. Chan, this the	23	day of	eb.		
(Song C. UMBENHOWER notory public					

TEXAS ETHICS COMMISSION

Certificate of Interested Parties - Submitted

Submitted on Thu Feb 23 18:24:05 CST 2017

Unique Certificate Identifier: 2017-171177

Home

Print

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Mobile Site | Full Site

FORM **1295**

		<u> </u>					
	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			
1	of husinage			Certificate Number: 2017-169649			
	North American Trading West Sacramento, CA United States						
2	<u> </u>	ract for which the form is		Filed: L/2017			
	being filed.		Data	A			
	Japanese Garden Treasure Tree Gift Shop	Date	Acknowledged:				
3	Provide the identification number used by the governmental entity or st description of the services, goods, or other property to be provided under	tate agency to track or identify der the contract.	the co	ontract, and prov	/ide a		
	17-0198 Oriental merchandise						
4	Name of Interested Party City.	State, Country (place of busine	ee/	Nature of (check ap			
	only,	State, Country (place of Dusine	:55)	Controlling	Intermediary		
_							
		•					
5	Check only if there is NO Interested Party.						
õ	AVISHA CHANDRA COMM. #2028983 NOTARY PUBLIC CALIFORNIA SOLANO COUNTY My Comm. Expires JUN. 14, 2017 Signature of authorized agent of contracting business entity						
	Sworn to and subscribed before me, by the said Gona Inaba this the 21 st day of February and solution of the said to office.						
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

FORM 1295

	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. Pacific Silver Inc			Certificate Number: 2017-168835				
	Port Orchard, WA United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/20	/2017				
	being filed.		Date	Acknowledged:				
	City of Fort Worth		Date	Acknowledged.				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ty or state agency to track or identify	the co	ntract, and prov	∕ide a			
	17-0198	ied dilder the contract.						
	Fashion Jewelry & apparel							
_			Т	Nature of	finterest			
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)			
				Controlling	Intermediary			
Tre	easure Tree Gift Shop	Fort Worth, TX United States			X			
			-					
_			-					
5	Check only if there is NO Interested Party.							
6	Notary Public I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.			
	State of Washington							
	Kristine A. Gosser			^				
	Commission Expires 12/01/2019	com atta	ec	Lune	<u> </u>			
	Commission Expires 12/01/2010	Signature of authorized agent of cont	tracting	business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said Cyathia 20	MBSamulis, this the	22	day of	26			
	Mustine a Grossen Kristine	A. Gosser	No	tary				
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

			,		
	CERTIFICATE OF INTERESTED PART	TIES		FOR	м 1295
_					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.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number: '-169893	
	Shadywooddesigns LLC				
	Colleyville, TX United States			Filed: 1/2017	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	1	1/2021	
	Japanese Garden Treasure Tree Gift Shop		Date	Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 17-0198	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	Beautifully crafted greeting cards. Designs ranging from wood	d, to laser cut, to pop-up.			
_				Nature o	f interest
4	Name of Interested Party	City, State, Country (place of busin	ıess)	<u>`</u>	pplicable)
_				Controlling	Intermediary
D	elgado, Leigha	Keller, TX United States		Х	
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5	Check only if there is NO Interested Party.	<u> </u>	<u> </u>	L.,	
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	e above	disclosure is tru	e and correct.
CHRIS GUTIERREZ Notary Public STATE OF TEXAS ID#130437829 My Comm. Exp. Nov. 11, 2019 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE		٠.	d L	- ,
	Sworn to and subscribed before me, by the said	Lelgado, this the	<u> [2]</u>	day of F	<u>d</u> .
	Chris	Gutumez	\mathcal{V}	Stary Pn	.b1,c

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

	CERTIFICATE OF INTERESTED PART	TIES		FOR	м 1295
	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		
	Name of business entity filing form, and the city, state and count of business. Sportswear Graphics	try of the business entity's place	Certificate Number: 2017-168784		
2	Fort Worth, TX United States Name of governmental entity or state agency that is a party to the being filed. City of Fort Worth	e contract for which the form is	Date Filed: 02/20/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 17-0198 Custom printed apparel	ity or state agency to track or identify ded under the contract.	the c		
4	Name of Interested Party	City, State, Country (place of busir	iess)		f interest pplicable)
<u> </u>	ttle, Ted	Fort Worth, TX United States		Controlling	Intermediary
5	Check only if there is NO Interested Party.				
	AFFIDAVIT				
	DENISE MORENO Notary ID # 130701720 My Commission Expires June 15, 2020 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said		tracting	g business entity	BLUALY.

Signature of officer administering oath

Printed name of officer administering oath

NoTARY PUBLIC

Title of officer administering oath

						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no int			CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Workman Publishing new york, NY United States			2017	Certificate Number: 2017-171650 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Japanase Garden Treasure Tree Gift Shop						
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. 17-0198 Book seller						
4	Name of Interested Party		City, State, Country (place o	f business)	Nature of (check approximation)	f interest oplicable) Intermediary	
						**	
5	Check only if there is NO Interested Party.	X					
6	DAWN D. CHAVIS Notary Public, State of New York No. 01CH6049296 Qualified in Kings County Commission Expires Oct. 10, 2010 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.						
	Sworn to and subscribed before me, by the said Value asked, this the 37 day of Feb., to certify which, witness my hand and seal of office.					Ь	
í	Signature of officer administering oath		ChaviJ officer administering oath	Title of o	officer administeri	ng oath	