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FORM **1295**

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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 | | | | | {· | | | |
| Τ. | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | | Certificate Number: | | | |
| | Rolls-Royce North America Inc. | | | | 2017-203696 | | | |
| | Indianapolis, IN United States | | | | Date Filed: | | | |
| 2 | | | | | 05/08/2017 | | | |
| | being filed. | | | | | | | |
| | City of Fort Worth, Texas | | | | Date Acknowledged: | | | |
| | | | | | | | | |
| 3 | Provide the identification number used by the government description of the services, goods, or other prope | vernmental ent erty to be provi | ity or state agency to track or ded under the contract. | identify t | he co | ontract, and pro | vide a | |
| | 2112 Eagle Parkway | | | | | | | |
| | Lease of 444,000 sf at Ft. Worth Alliance Airpor | rt, 2112 Eagle | Parkway, Ft. Worth, TX | | | | | |
| | | | 1 | | | Mature | f interact | |
| Name of Interested Party | | City, State, Country (place of busine | | Nature of interest ess) (check applicable) | | | | |
| | | | | | | Controlling Intermediary | | |
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| _ | Check only if there is NO Interested Party. | | | | | | | |
| , | Check only if there is NO interested Party. | X | | | | | | |
| 5 | AFFIDAVIT | | | | | | | |
| - | | l swear, or | affirm, under penalty of perjury, | that the a | bove | disclosure is true | and correct. | |
| | LAURA H ROZZEL | | | | | | | |
| | Notary Public, State of Indiana Johnson County | | - \ \ \ \ \ | اه ۸ | ħ | | | |
| | Commission # 620784 My Commission Expires | 700 | ran De Crau | day | | | | |
| | September 09, 2018 | - 4 | Signature of authorized agen | t of contra | acting | business entity | | |
| | | 3K. (| Signature of authorized agen LORC. RUPL ESTATO | EMC | \mathcal{K}_{i} | TETEMA | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | |
| Sworn to and subscribed before me, by the said | | | | | | | 14 I | |
| | _ | | ICENC ZSIME INDISTINS | the <u>&</u> | | day of | " " | |
| | 20, to certify which, witness my hand and se | eal of office. | | | | | | |
| | <i>(</i> | | | | | | | |
| | | | <u> </u> | | | | . 1 | |
| | Xawa Krzal | LAURA | KUZZEZ | ATT | Dru | IN ISTA | HOIS 1 | |
| | | | officer administering oath | | | officer administeri | <u> </u> | |
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