CERTIFICATE OF INTERESTED PARTIES

				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		
 Name of business entity filing form, and the city, state and country of the business entity's place of business. Durable Specialties, Inc. GRAND PRAIRIE, TX United States 		Certificate Number: 2017-242632 Date Filed:		
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Ft. Worth		07/28/2017 Date Acknowledged:		
 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. City Project No. 101042 2017-2019 Traffic Signal Task Order Construction Services at Various Locations Through-Out the City 				
4 Name of Interested Party	City, State, Country (place of business)		Nature of interest (check applicable) Controlling Intermediary	
Bryan, Jeffrey C.	Grand Prairie, TX United States		x	
Bryan, DSI Trust, Patrick	Grand Prairie, TX United States		х	
Bryan Warnack, DSI Trust, Jennifer	Grand Prairie, TX United States		x	
Bryan, DSI Trust, Chad	Grand Prairie, TX United States		x	
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E Charle only if there is NO Interested Party				
5 Check only if there is NO Interested Party.				
6 AFFIDAVIT, SA HED G I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. 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/ISEA: ABOVE Sworn to and subscripted heroreute, by the said PatrickC. Byan, this the <u>28th</u> day of <u>JUly</u> .				
Melina Hedgepeth Melissa Hedgepeth and asst. Signature of officer administering bath Printed name of officer administering bath Title of officer administering bath				

Forms provided by Texas Ethics Commission

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