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 | | | |
| of bu | Name of business entity filing form, and the city, state and country of the business entity's place of business. JERRY'S GM LLC | | | | | Certificate Number: 2018-408684 | | |
| 2 Name | WEATHERFORD, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | | | Date Filed: 09/27/2018 | | |
| | OF FORT WORTH | Date | 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. 18-0373 VEHICLES AND PARTS | | | | | | | | |
| | 1 | | | | | f interest | | |
| 4 | Name of Interested Party | | City, State, Country (place of bu | siness) | ness) (check applicable) | | | |
| | | | | | Controlling | Intermediary | | |
| | | | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | | | |
| 6 UNSWORN DECLARATION My name is | | | | | | | | |
| Му | address is | (street) | (city) | (state) | (zip code) | (country) | | |
| 1 | ciare under penalty of perjury that | | correct. | the 2744 | Aday of Sept (mont | , 20) | | |
| | | ~ | Signature of authorized agent of (Declarant) | f contract | ing business enti | ty | | |
| | | | | | | ersion V1 0 671 | | |





Franchise Tax Account Status

As of: 09/27/2018 10:40:31

This Page is Not Sufficient for Filings with the Secretary of State

| JERRY'S GM, LLC | | | | | |
|--------------------------------------|--|--|--|--|--|
| Texas Taxpayer Number | 32016417464 | | | | |
| Mailing Address | PO BOX 839 WEATHERFORD, TX 76086- 0839 | | | | |
| Pright to Transact Business in Texas | ACTIVE | | | | |
| State of Formation | TX | | | | |
| Effective SOS Registration Date | 12/27/2004 | | | | |
| Texas SOS File Number | 0800431096 | | | | |
| Registered Agent Name | JOHN WESTHOFF | | | | |
| Registered Office Street Address | 1250 SANTA FE DRIVE WEATHERFORD, TX 76086 | | | | |