CERTIFICATE OF INTERESTED PARTIES

FORM **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. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | ame of business entity filing form, and the city, state and country of the business entity's place business. | | | Certificate Number: 2019-454578 | | | |
| | ourtView Justice Solutions Inc. | | | 2019-434376 | | | |
| | Canton, OH United States | | | Date Filed: | | | |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is | | | 02/19/2019 | | | |
| | being filed. City of Fort Worth | | | 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. | | | | | | |
| | 35728 | | | | | | |
| | Professional services and travel expenses | | | | | | |
| 4 | Name of Interested Party City, State, Country (place of bus | | | | Nature of interest | | |
| _ | | | place of busine | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | Contro | olling I | Intermediary | |
| H | armon, Jeffrey | Canton, OH United | X | | | | |
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| | | | | • | • | | |
| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | y name is, and my date of | | | oirth is | | · | |
| | My address is | | | | | USA | |
| | (street) | (city) | (sta | ate) (zip c | ode) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed in Androscoggin Count | y, State of Maine, on the 19 day of February 2019. | | | | | |
| | | 111 | / | | (month) | (year) | |
| | | | | _ | | | |
| | | | d agent of cont Declarant) | ontracting business entity | | | |