

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Langley Productions
 Santa Monica, CA United States

Certificate Number:
 2016-13159

Date Filed:
 02/12/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County Sheriff's Office

Date Acknowledged:

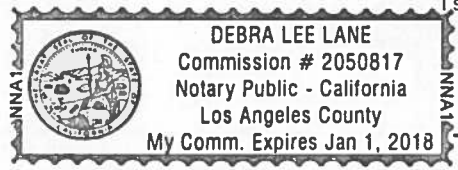
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.
 C-16-088-02-16
 Filming Program Episodes at the Hidalgo County Jail

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	N/A			

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Morgan Langley
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Morgan Langley, this the 12th day of Feb., 2016, to certify which, witness my hand and seal of office.

Debra Lee Lane Debra Lee Lane, Notary Public Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
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 02/15/2016

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5 Check only if there is NO Interested Party.

6 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 _____, this the _____ day of _____, 20_____, 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