

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

Certificate Number:
2017-276724

Date Filed:
10/26/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Netmail inc.
Montreal Quebec Canada

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

Hidalgo County

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.

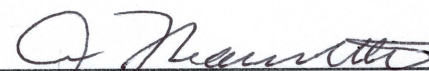
346850
Zimbra to Ipswitch Migration Services, Netmail Migrator licenses

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Bourget, Frederic	Longueuil Quebec Canada	X	
	Chamberland, Pierre	Montreal Quebec Canada	X	
	Thauvette, Andre	Laval Quebec Canada	X	
	Van Etten, Phil	Seattle, WA United States	X	
	9489266 Canada Inc.	Montreal Quebec Canada	X	

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.

Quebec Commissioner of Oaths
179604
Expiry December 3, 2017


Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andre Thauvette, this the 26 day of October, 2017, to certify which, witness my hand and seal of office.

 Signature of officer administering oath
Stephanie Greenfield Printed name of officer administering oath
HR Manager Title of officer administering oath

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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