

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.
 LexisNexis, a division of RELX Inc.
 Miamisburg, OH United States

Certificate Number:
 2020-586086

Date Filed:
 02/10/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 464th District Court

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.
 Requisition #408960
 Online Legal Research Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
RELX U.S. Holdings Inc.	Newton , MA United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Marcy Lisle, the date of incorporation is _____, and ~~my date of birth~~ is 7/22/1986.

My address is 9443 Springboro Pike, Miamisburg, OH, 45342, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Montgomery County, State of Ohio, on the 10th day of February, 2020.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	RELX U.S. Holdings Inc.	Newton , MA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)