CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

| _ | | | | 1 01 1 | |
|----|---|--|--------------------------|-----------------------------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested pa Complete Nos. 1, 2, 3, 5, and 6 if there are no inter | 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. | | | |
| 1 | of business. | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | Certificate Number: 2016-50495 | |
| | Charm-Tex | | 2010 01 | 1 | |
| | Brooklyn, NY United States | | Date Filed: | 1 | |
| 2 | Name of governmental entity or state agency that | at is a party to the contract for which the form is | 05/05/2016 | 1 | |
| | being filed. | | | 1 | |
| _ | Williamson County | | Date Acknowledge | ed: | |
| 3 | description of the services, goods or other prop | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods or other property to be provided under the contract. | | | |
| ĺ | 14IFB00202 | | | 1 | |
| | Hygiene Products | | | | |
| 4 | Name of Interested Party | City, State, Country (place of business) | | (check applicable) | |
| | <u>.</u> | , | Controlling | Intermediary | |
| Cł | harm-Tex | Brooklyn, NY United States | Х | | |
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| | | | | | |
| 5 | Check only if there is NO Interested Party. | | J | | |
| 6 | AFFIDAVIT | I swear, or affirm, under penalty of perjury, that the | e ahove disclosure is | true and correct. | |
| | JOSEPH H. DANZGER | Toword of which and persons at party | , 40010 0.00.00 | udo ana cini | |
| | Notary Public, State of New Yo | A (40) | | | |
| | No. 01DA6069069 | At | | | |
| | Qualified in Nassau County | 11/ | | | |
| | Commission Expires January 22, 20 18 | Signature of authorized agent of con | ntracting business ent | tity | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | |
| | | oworn to and subscribed before me, by the said stan sources, this the swan day of May | | | |
| | 20, to certify which, witness my hand and seal of office. | | | | |
| | At | 0 2 | | | |
| | Signature of officer administering oath | Printed name of officer administering oath T | Title of officer adminis | stering oath | |