CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2018-305580

Date Filed:
01/24/2018

Date Acknowledged:

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

Ergometrics and Applied Personnel Research, Inc.
Lynnwood, WA United States

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

Williamson 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.

NA
ECOMM testing - license and scoring

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

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

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

My address is 18720 33rd Ave W (street), Lynnwood (city), WA (state), 98037 (zip code), USA (country).

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

Executed in Snohomish County, State of WA, on the 24th day of Jan (month), 2018 (year).

Barbara Erickson
Signature of authorized agent of contracting business entity
(Declarant)