CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

L of 1

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	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	lame of business entity filing form, and the city, state and country of the business entity's place f business.				Certificate Number: 2016-97388			
	3 Mobile-Vision, Inc.							
	ockaway, NJ United States					Date Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is				08/10/2016			
	being filed.					Data Askmandadaada		
	The City of Round Rock				Date Acknowledged:			
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.							
	Body Cameras							
	Body Cameras and Support Equipment							
		Nature of interest						
4	Name of Interested Party City, State, Coun		City, State, Country (place	intry (place of busing				
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5 Check only if there is NO Interested Party.								
6	AFFIDAVIT: 111111111111111111111111111111111111	I swear, or	affirm, under penalty of periu	ry, that the	above dis	sclosure is true	and correct.	
	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.							
	John Powers Vice President of Soles and Marketing							
	Vice President of Sales and Marketing							
		Signature of sufficient agent of contracting business entity						
	AFFIX NOTARY STAMP (SEAL ABOVE	/						
	$\gamma_{i_{i_{1}\dots i_{1}\dots i_{2}\dots i_{2}}N^{\prime}}$							
		cribed before me, by the said John Powers, this the10 day of August						
	20 <u>16</u> , to certify which, witness my hand and seal of office.							
	STAN HOURIHAN							
	TAX PUBLIC OF NEW JERSEY							
		Ocean, # 500				38786		
	The state of the s					Title of officer administering oath		
,	Signature of officer administering oath	Printed name of	onicer administering oath	Tı	ue of offi	cer administer	ing oatn	
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