CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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4	Name of Interested Party		City, State, Country (place of bus	iness)	(check a	onlicable)
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5 Chec	k only if there is NO Interested Party.	X	21 22 22			
6 AFFI	DAVIT	I swear, o	or affirm, under penalty of perjury, that t	he above	disclosure is tru	e and correct.
	and the same of th					
	VICTORIA BRANNON					
	My Notary ID # 125118111 Expires November 15, 2020					
1	- C				~ /	
			Signature of authorized agent of c	ontracting	g business entity	
AFFI	(NOTARY STAMP / SEAL ABOVE		A 1.			
Swor 20	n to and subscribed before me, by the said, to certify which, witness my hand a	nd seal of office.	fatin, this the _	12	day of	ptember
1						
V	July July July July July July July July	Printed name of	of officer administering oath	Witle of	Manager Manage	ring oath