## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

					1011	
	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.			Certificate Number:		
	CF Equipment Finance, a division of TCF National Bank			2017-163499		
	Waterloo, IA United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			02/07/2017		
	City of Round Rock		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.					
	Forest Creek Golf Club Cart Le (80) 2016 E-Z-GO TXT Electric Golf Cars together with all attachments and accessories thereto					
4		75 8		Nature of interest		
i.	Name of Interested Party	City, State, Country (place of business)		(check applicable)  Controlling Intermediary		
TC	CF Financial Corporation	Wayzata, MN United States		X	intermediary	
Maass, Brian		Wayzata, MN United States		Х		
Jones, Michael		Wayzata, MN United States		Х		
Henak, William		Minnetonka, MN United States		X		
Costa, James		Wayzata, MN United States		Х		
Butterfield, Thomas		Wayzata, MN United States		Х		
Jasper, Thomas		Wayzata, MN United States		Х		
Dahl, Craig		Wayzata, MN United States		Х		
		-				
5 Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	SARA PAAR COMMISSION NO.785303 MY COMMISSION EXPIRES Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Seni of Tanactin Cardinate, this the 9 day of feeb 20 17, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath  Support Suppo					