## **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.  Apogee Components, Inc.  |   |                    | Certificate Number: 2017-265075         |                |  |
|   |  |   |                    |   |                |  |
|   | Colorado Springs, CO United States   |   | Date Filed:        |   |                |  |
| 2 | lame of governmental entity or state agency that is a party to the contract for which the form is  |   | 09/25/2017         |   |                |  |
|   | being filed.  North East Independent School District   |   | Date               | Date Acknowledged:<br>10/11/2017        |                |  |
|   |  |   |                    |   |                |  |
| 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.  |   |                    |   |                |  |
|   | RFP #23-18   |   |                    |   |                |  |
|   | Robotics and Rocketry Goods and Supplies   |   |                    |   |                |  |
| 4 |  |   | Nature of interest |   |                |  |
| • | Name of Interested Party City, State, Country (place of busin  |   | ness)              | · · · · · · · · · · · · · · · · · · ·   |                |  |
|   |  |   |                    | Controlling                             | Intermediary   |  |
|   |  |   |                    |   |                |  |
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|   |  |   |                    |   |                |  |
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|   |  |   |                    |   |                |  |
| 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.   |   |                    |   |                |  |
|   | i swear, or  | animi, under penalty of perjury, that the | above              | disclosure is true                      | c and correct. |  |
|   |  |   |                    |   |                |  |
|   |  |   |                    |   |                |  |
|   |  | Signature of authorized agent of cor      | ntracting          | business entity                         |                |  |
|   | AFFIX NOTARY STAMP / SEAL ABOVE  |   |                    |   |                |  |
|   | Sworn to and subscribed before me, by the said   | , this the                                |                    | day of                                  |                |  |
|   | 20, to certify which, witness my hand and seal of office.  |   |                    |   |                |  |
|   |  |   |                    |   |                |  |
|   |  |   |                    |   |                |  |
|   | Signature of officer administering oath Printed name of officer administering oath Ti  |   |                    | itle of officer administering oath      |                |  |
|   | The or officer definition of the original of t |   |                    |   |                |  |