## **CERTIFICATE OF INTERESTED PARTIES** OFFICE USE ONLY anlete Nos. 1 - 4 and 6 if there are interested partice

|   | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.   | CERTIFICATION OF FILING            |
|---|---|------------------------------------|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business.<br>SMG | Certificate Number:<br>2017-279248 |
|   | Conshohocken , PA United States   | Date Filed:                        |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is                       | 11/02/2017                         |

being filed. SMG

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. 3

Form 1295 Certificate of Interested Parties

| 4  |                                  |   | Nature of interest<br>(check applicable) |                |  |
|--|----------------------------------|---|--|----------------|--|
| Name of Inte   | rested Party                     | City, State, Country (place of business)            |  |                |  |
|  |                                  |   | Controlling                              | Intermediary   |  |
|  |                                  |   |  |                |  |
|  |                                  |   |  |                |  |
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|  |                                  |   |  |                |  |
|  |                                  |   |  |                |  |
| 5 Check only if there is NO Intere   | ested Party.                     |   |  |                |  |
|  |                                  |   |  |                |  |
| 6 AFFIDAVIT  | I swear,                         | or affirm, under penalty of perjury, that the above | e disclosure is tru                      | e and correct. |  |
| COMMONWEALTH OF PEN  | NSYLVANIA                        |   |  |                |  |
| NOTARIAL SEA   | NOTARIAL SEAL                    |   |  |                |  |
| EVELYN M DOEF  | R .                              | Admin Bo  | 6  |                |  |
| Notary Public<br>WEST CONSHOHOCKEN BORO. M   |                                  | John to Comp  |  |                |  |
| My Commission Expires S  | sp 11, 2020                      | Signature of authorized agent of contractin         | ng business entity                       |                |  |
| Contraction of the local division of the loc |                                  |   |  |                |  |
| AFFIX NOTARY STAMP / SEAL  | ABOVE                            | 10  |  | r              |  |
| Swarp to and subscribed before   | no hutho soid - Todal            | F. BURNS, this the 2                                | . Al                                     | N/SMRCD        |  |
| 20 1 to certify which with   | The, by the said                 | this the  | day of _/ VC                             | VENDER         |  |
| $20_1$ , to certify which, with  | ness my hand and seal of office. |   |  |                |  |
| 6, 1   | Λ                                |   |  |                |  |
|  | ///                              | $\sim$  |  |                |  |

NOTARY Title of officer administering oath

1 of 1

Date Acknowledged:

FORM 1295

Forms provided by Texas Ethics Commission

Version V1.0.3337

<sup>1222</sup>