ERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 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	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-165540		
	Standard Fusee Corp. dba Orion Safety Products Easton, MD United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			02/13/2017		
	being filed. San Antonio PD		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.					
	6100008457 Red Burning Flares					
4	Name of Interested Party City, State, Country (place of busin		Nature of interest			
	Name of Interested Party City, State, Country	City, State, Country (place of business		(check applicable) Controlling Intermediary		
	Stendard Fusee Comp. Publicts Easton MD	USA		X	,	
	¢.					
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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.						
Embossed Hereon Is My Tailoot County, Maryland Notary Public Seal						
1	My Commission Expires March 19, 2017 DONNA G. DONAWAY WAS COMMISSION EXPIRES MARCH 19, 2017 DONNA G. DONAWAY					
1	Signature of authorized agent of contracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said <u>E. Kenneth Harrison</u> , this the <u>/3</u> day of <u>Feb.</u> , 20_17, to certify which, witness my hand and seal of office.						
	20_7 7 Coddy which, which which and sea of onice.					
	Signature of officer administrating outh					
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					