CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2016-104753

Date Filed:
08/26/2016

Date Acknowledged:
8-30-16

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Security Benefit Corporation
Topeka, KS United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Wise County

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.

612053000
457(b) governmental retirement plan

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

SHELLEY R. GOWER
Notary Public
State of Kansas
My Appt. Expires 4-7-18

AFFIX NOTARY STAMP / SEAL ABOVE

Lesa Pugh
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Lesa Pugh, this the 26th day of August, 20 16, to certify which, witness my hand and seal of office.

Shelley R Gower
Signature of officer administering oath

Shelley R Gower
Printed name of officer administering oath

Notary
Title of officer administering oath