

Contracting Office**Install Address**

COUNTY OF WISE COUNTY
 CLERKS OFFICE 200 N
 TRINITY DECATUR TX 76234-
 1437

Bill To Address

COUNTY OF WISE AUDITORS
 OFFICE PO BOX 899 DECATUR
 TX 76234-0899

Current Purchase Order

Purchase Order:

Last PO Exp Date:

GSA or State Negotiated
 Contract#:

Price Plan

Description: FULL SERVICE
 MAINTENANCE PLAN

Bill Code: 29G1

Contract Period: 07/01/2016-
 06/30/2017

Xerox Equipment

Market Code: 6204WFCP

Model:

Install Date: 06/29/2006

Equipment Detail

Serial Number	Description	Customer Number	Main / Accy.	Qty.	Unit Issue	Unit Price	Amount
WDF029836	CPR/PRTR W/BPS	709789861	MAIN	12	Mo	55	660
	Enhanced Service Amount	N/A	MAIN	N/A	N/A	N/A	0
	Extended Service Amount	N/A	MAIN	N/A	N/A	N/A	0
	Premium/Discount	N/A	MAIN	N/A	N/A	N/A	0

Equipment Subtotal:

\$660

Meter Information

Estimated Meter Usage	Meter1	Meter2	Meter3	Meter4
Est. Average Monthly Usage	180	0	0	0
Monthly Allowance	1000	N/A	N/A	N/A
Est. Excess Usage	N/A	0	0	0
Rate Per Excess Print	1 to 9999999 @ .0342	N/A	N/A	N/A
Meter Estimate	\$0	\$0.00	\$0.00	\$0.00

Meter Subtotal:

\$ 0

Total Annual Estimate:

\$ 660

Tax Disclaimer: Quoted Pricing Does Not Include Applicable Taxes

You may acknowledge acceptance of this pricing as an amendment to your PO by signing below or by transferring this information to your purchase order document. Please submit your revised PO to Xerox Corporation.

Purchase order none is hereby amended

for the period beginning: 07-01-16 ending: 06-30-17

Authorized by Name: [Signature] Title: County Judge Dated: 6-13-16

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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.
 Xerox Corporation
 Norwalk, CT United States

Certificate Number:
 2016-62369

Date Filed:
 05/26/2016

Date Acknowledged:
 06-13-16

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

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.
 SN WDF029836
 Maintenance Agreement

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.

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

JOSEPH A. BACOT
 Notary Public, State of New York
 Qualified in Monroe County
 No. 01BA6087832
 My Commission Expires Feb. 24, 2019

John B. O'Connell
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John B. O'Connell, this the 26th day of May, 2016, to certify which, witness my hand and seal of office.

Joseph A. Bacot Joseph A. Bacot Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath