

CERTIFICATE OF INTERESTED PARTIES

FORM 12995

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.
Butler Animal Health Supply, LLC; dba Henry Schein Animal Health
Dublin, OH United States

Certificate Number:
2016-138959

Date Filed:
11/21/2016
Date Acknowledged:

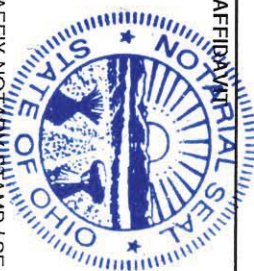
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
City of San Antonio

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.
#6100007421
Veterinary pharms, vaccines and supplies

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.



Pamela S. Smith
Notary Public, State of Ohio
My Commission Expires 07-10-2018

Kimberly E. Allen
Signature of authorized agent of contracting business entity

AFFIX NOTARIAL STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kimberly E. Allen this the 21st day of November, 2016, to certify which, witness my hand and seal of office.

Pamela S. Smith *Pamela S. Smith* *Notary*
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath