

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.
ZOLL Medical Corporation
Chelmsford, MA United States

Certificate Number:
2016-149179

Date Filed:
12/28/2016

Date Acknowledged:

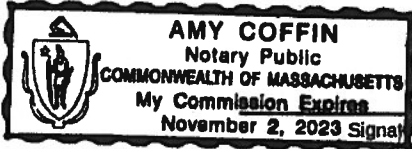
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
San Antonio Fire Department

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.
6100008502
Defibrillators & Accessories

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.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John Bergeron, this the 28 day of December, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature] Amy Coffin Bids + Proposals Coordinator
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath