

# 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.

Roche Diagnostics Corporation  
 Indianapolis, IN United States

Certificate Number:  
 2016-31074

Date Filed:  
 03/25/2016

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

Date Acknowledged:

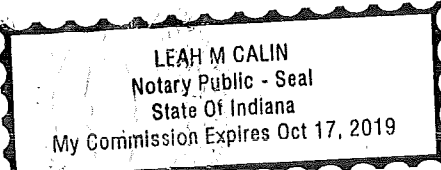
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

RFO6100000466  
 Service agreement for MagnaPure LC 2.0

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.



*[Signature]*  
 Manager, Roche Diagnostics Corporation  
 03/28/16  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cara Donovan, this the 28th day of March, 2016, to certify which, witness my hand and seal of office.

[Signature]                      Leah Calin                      Notary Public  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath