

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.

CaremarkPCS Health L.L.C. ("CVS Health")
Northbrook, IL United States

Certificate Number:
2016-26792

Date Filed:
03/16/2016

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.

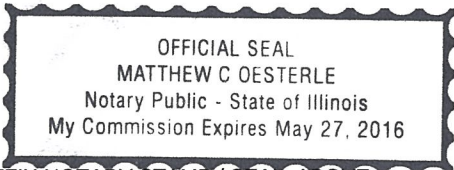
RFP 16-031
Pharmacy Benefit Management Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
CVS Health	Woonsocket, RI United States	X	

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Colleen Cleveland
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Colleen Cleveland, this the 21st day of March, 2016, to certify which, witness my hand and seal of office.

Matthew C. Oesterle
Signature of officer administering oath
person

Matthew C. Oesterle
Printed name of officer administering oath
person

Sr. Legal Counsel
Title of officer administering oath
person