

# 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.**

WellMed Medical Management, Inc  
San Antonio, TX United States

**Certificate Number:**  
2016-94805

**Date Filed:**  
08/04/2016

**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 services, goods, or other property to be provided under the contract.**

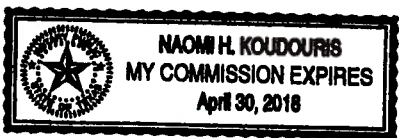
RFP 16-040  
Health Services for Seniors

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.



Bryan Grundhoefer  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bryan Grundhoefer, this the 5th day of August, 2016, to certify which, witness my hand and seal of office.

Bryan Grundhoefer      Naomi H. Koudouris      Naomi Koudouris  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath