

# 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.	<b>OFFICE USE ONLY</b> <b>CERTIFICATION OF FILING</b> Certificate Number: 2016-118270  Date Filed: 09/30/2016  Date Acknowledged:
<b>1</b> Name of business entity filing form, and the city, state and country of the business entity's place of business. Patterson Veterinary Supply Inc. San Antonio, Tx United States	Name of the business entity's place of business:
<b>2</b> 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	Name of the state agency:

**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  
 Veterinarian Pharmaceuticals, Veterinary and Vaccine Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Damerau, Gail	Marion, TX United States		X
	Crandell, Frank	New Braunfels, TX 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.

CHRISTOPHER SMITH  
 Notary Public - Notary Seal  
 State of Missouri, Clay County  
 Commission Number 11179506  
 My Commission Expires Aug 9, 2020

Signature of authorized agent of contracting business entity

**AFFIX NOTARY STAMP / SEAL ABOVE**

Sworn to and subscribed before me, by the said   Melissa Vohs  , this the   30<sup>th</sup>   day of   September  , 20  16  , to certify which, witness my hand and seal of office.

Signature of officer administering oath 	Printed name of officer administering oath Christopher Smith
Signature of officer administering oath 	Title of officer administering oath Saksaj Sunc Mgr