

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.

Bound Tree Medical, LLC
Dublin, OH United States

Certificate Number:
2016-2103

Date Filed:
01/11/2016

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:

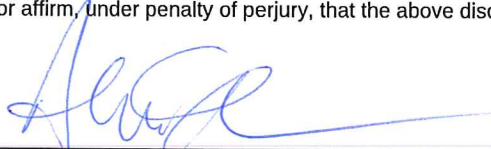
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

RFO# 6100006766
EMS Medications & Equipment

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Bound Tree Medical, LLC	Dublin, OH United States	X	

5 Check only if there is NO Interested Party.

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



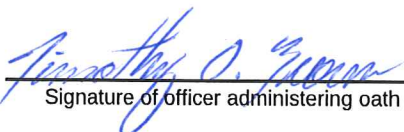
Signature of authorized agent of contracting business entity



TIMOTHY O. BROWN
Notary Public, State of Ohio
My Commission Expires 07/17/2017

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Farber, this the 11th day of January, 20 16, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Timothy O. Brown
Printed name of officer administering oath

pricing and membership
Title of officer administering oath