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		
Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2016-4054		
		1		
			Date Filed:	
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		01/20/2016 Date Acknowledged:		
				description of the goods or services to be provided under the contr RFP 6100006407, RFP-05-0182
Random and Post Accident Drug Testing Services				
Name of Interested Party City, State.	City, State, Country (place of business)	Nature of interest	check applicable	
		Controlling	Intermediary	
3				
Check only if there is NO Interested Party.				
· A	Dielianion			
AFFIX NOTARY STAMP / SEAL ABOVE	011.	21 day of	muary	
20 / Ce , to certify which, witness my hand and seal of office.	912	Comm. Expires 12-29 Notary ID 130480	Mark to a line	
	Name of business entity filing form, and the city, state and country of business. A & D Tests, Inc San Antonio, TX United States Name of governmental entity or state agency that is a party to the cleng filed. City of San Antonio Provide the identification number used by the governmental entity description of the goods or services to be provided under the control of the goods of services. Name of Interested Party City, State, Check only if there is NO Interested Party. AFFIDAVIT I swear, or affination of the goods of services of the provided under the control of the goods of services. AFFIX NOTARY STAMP / SEAL ABOVE Sworm to and subscribed before me, by the said AFFIX NOTARY STAMP / SEAL ABOVE	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business. A & D Tests, Inc San Antonio, TX United States 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 Provide the identification number used by the governmental entity or state agency to track or ident description of the goods or services to be provided under the contract. RFP 6100006407, RFP-05-0182 Random and Post Accident Drug Testing Services Name of Interested Party City, State, Country (place of business) I swear, or affirm, under penalty of perjury, that it was a signature of authorized agent of contract agency o	Certificate No. 1. 2. 3. 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business. A & D Tests, Inc. Date Flect: 01/20/2016 Date Flect: 01/20/2016 Date Acknowledge Other Date Acknowledge	