

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**

Certificate Number:
 2019-566322

Date Filed:
 12/03/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 ComPsych Corporation
 Chicago, IL United States

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

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 20-005; RFx 6100012192
 Family Medical Leave Act Administrative Services (FMLA)

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 UNSWORN DECLARATION

My name is Dale Grenolds, and my date of birth is 1/10/78.

My address is 455 North Cityfront Plaza Drive, Chicago, IL, 60611, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Cook County, State of IL, on the 11 day of December, 2019.
(month) (year)



Signature of authorized agent of contracting business entity
 (Declarant)