

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.
Safety Supply, Inc.
San Antonio, TX United States

Certificate Number:
2016-46412

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 Filed:
04/27/2016

Date Acknowledged:

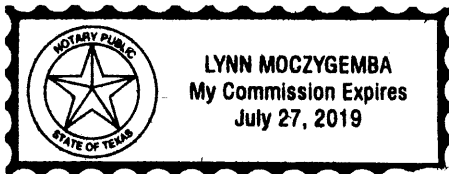
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods or other property to be provided under the contract.
6100007354
SAFD - Active Shooter Response Gear

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Safety Supply, Inc.	San Antonio, 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.



AFFIX NOTARY STAMP / SEAL ABOVE

[Handwritten Signature]

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said ELIZABETH CALDWELL, this the 27 day of APRIL, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature] _____
Signature of officer administering oath

Lynn Moczygemba _____
Printed name of officer administering oath

Notary _____
Title of officer administering oath