

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.

Life-Assist, Inc.
Rancho Cordova, CA United States

Certificate Number:
2016-1890

Date Filed:
01/08/2016

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.

6100006766
EMS Medications and Equipment

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 AFFIDAVIT

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



Cherise Adams

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cherise Adams, this the 11 day of January, 2016, to certify which, witness my hand and seal of office.

Melvin Mario

Signature of officer administering oath

MELVIN MARIO

Printed name of officer administering oath

Notary Public

Title of officer administering oath