| CERTIFICATE OF INTERESTED PARTIES | | | FORM 1295 | |
|--|--|--------------------------------|------------------|--|
| | | | 1 of 1 | |
| Complete Nos. 1 - 4 and 6 if there are interested pa Complete Nos. 1, 2, 3, 5, and 6 if there are no inter | 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: 2016-20516 | | |
| The PlayWell Group, Inc. Dallas, TX United States | | Date Filed: | | |
| 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | 03/01/2016 | | |
| 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. 6100007222 | | | | |
| Playground and Exercise Equipment | | | | |
| Name of Interested Party | City, State, Country (place of business) | Nature of interest | | |
| | | Cantrolling | Intermediary | |
| Brooks, Cherie | Dallas, TX United States | Х | | |
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| Check only if there is NO Interested Party. | | | | |
| S AFFIDAVIT | I swear, or affirm, under penalty of perjury, that the | above disclosure is t | rue and correct. | |
| CLAUDIA DARLENE WOLOSZ Notary Public, State of Texas My Commission Expires January 04, 2017 Signature of authorized agent of contracting business entity | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | |
| Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to and subscribed before me, by the said (ACN) & Sworm to an account of the said (ACN) & Sworm to an account of the said (ACN) & Sworm to an account of the said (ACN) & Sworm to account of the said (ACN) & Sworm t | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | |
| orme provided by Toyes Ethios Commission | · · · · · · · · · · · · · · · · · · · | | | |