CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

			1 of 1
		OFFICE US	SE ONLY
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.		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: 2016-26941	
ZOLL Medical Corporation Chelmsford, MA United States		Date Filed: 	
Name of governmental entity or state agency that	is a party to the contract for which the form is	03/10/2010	
being filed. San Antonio Fire Department		Date Acknowledged:	
	to track or identi	ify the contract, and p	rovide a
Provide the identification number used by the go- description of the goods or services to be provide	vernmental entity or state agency to track or record ed under the contract.		-
6100007296			
ZOLL AED Defibrillators & Accessories			
		Nature of interest (check applicable)	
Name of Interested Party	City, State, Country (place of business)	Controlling	Intermediary
			-
		,	
5 Check only if there is NO Interested Party.	X		
6 AFFIDAVIT	I swear, or affirm, under penalty of perjury, tha	t the above disclosure	is true and correct.
TOWN IN TO			
NANCY I. DOWNING Notary Public Notary Public			
COMMONWEALTH OF MASSACHUSETTS			
My Commission Expires	Signature of authorized agent o	Talinacing promises	
May 4, 2018	- parts		
AFFIX NOTARY STAMP / SEAL ABOVE	A A A A A A A A A A A A A A A A A A A	11.04	[MAUAIA.
Sworn to and subscribed before me, by the said 20 //o to certify which, witness my hand an		e_164k_day.c	of pravides
20 / / to certify which, witness my harro an	*		
1 Maria Marian	Nancy I Downing	NA Sale	Training,
Signature of officer administering oath)	Printed name of officer administering dath	Title of officer adm	Training out on the printer of the p
· ·	MANAN ethics state IX US	V384V211V8V1	Version V1.0.3