CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | Complete Nos. 1 - 4 and 6 if there are interested p. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p. | 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. | | Certificate Number: 2016-40703 | |
| | Frazer Ltd. HOUSTON, 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. | | 04/15/2016 | |
| | City of San Antonio Fire Department | | Date Acknowledged: | |
| 3 | Provide the identification number used by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the description of the goods or services to be provided by the goods of the goods of the goods or services to be provided by the goods of | the contract, and provide a | | |
| | 6100007128 Ambulance Parts | | | |
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest Controlling | (check applicable) Intermediary |
| Ri | chardson, Laura | HOUSTON, TX United States | Х | |
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| 5 | Check only if there is NO Interested Party. | | | |
| | | | | |
| 6 | LAURA ASPEN DOMERACKI MY COMMISSION EXPIRES August 21, 2019 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | |
| | Sworn to and subscribed before me, by the said <u>Bert Jones</u> , this the <u>15</u> day of <u>April</u> , 20 10 to certify which, witness my hand and seal of office. | | | |
| | Signature of officer administering oath | Printed name of officer administering oath Executive Assistant Title of officer administering oath | | |