## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested par	ties	OFFICE U	ISE 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.  Name of business entity filing form, and the city, state and country of the business entity's place of business.		OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2016-28472	
San Antonio, TX United States		Date Filed: 03/21/2016	
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:	
6100007329			
SAFD-Fleet Fueling Card System			
4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
		<u> </u>	
			-
Check only if there is NO Interested Party.	X	· · · · ·	
AFFIDAVIT	I swear, or affirm, under penalty of perjup, that the	e above disclosure is	true and correct.
IMELDA Q. LUNA Notary Public STATE OF TEXAS My Comm. Exp. 10/05/2019	CHIB		APPRO
AFFIX NOTARY STAMP / SEAL ABOVE		-	
Sworn to and subscribed before me, by the said $\underline{}$ 20 $\underline{1}\underline{\omega}$ , to certify which, witness my hand and s	<i>f</i> ,	2 ist_day of_	March.
Imide (Phane	Imelde Q. Lune	Notenz F	) wbke
	of business.  Valero Marketing and Supply Company San Antonio, TX United States  Name of governmental entity or state agency that being filed. City of San Antonio  Provide the identification number used by the go description of the goods or services to be provided 6100007329 SAFD-Fleet Fueling Card System  Name of Interested Party  Name of Interested Party  IMELDA Q. LUNA Notary Public STATE OF TEXAS My Comm. Exp. 10/05/2019  AFFIX NOTARY STAMP / SEAL ABOVE  Swom to and subscribed before me, by the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which, witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and state of the said 20 10 to certify which witness my hand and said 20 10 to ce	AFFIDAVIT  Check only if there is NO Interested Party.  AFFIDAVIT  AFFIDAVIT  AFFIDAVIT  AFFIDAVIT  AFFIX NOTARY STAMP / SEAL. ABOVE  Sworn to and subscribed before me, by the said  20 1/2	AFFIDAVIT  AFFIDAVIT  Medic Marketing and Supply Company San Antonio, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Oxizu 2016-28472  Date Filed: Oxizu 2016-28472  Date Acknowledge  Date Acknowledge  Date Acknowledge  Provide the identification number used by the governmental entity or state agency to track or identify the contract, and description of the goods or services to be provided under the contract.  City, State, Country (place of business)  Name of Interested Party  City, State, Country (place of business)  Nature of interest Controlling  Check only if there is NO Interested Party.  AFFIDAVIT  I swear, or affirm, under penalty of perigar that the above disclosure is Signature of authorized before the business or Signature of authorized before the business of Signature of authorized before the business or Signature of Signature o