## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

1 of 1

|   |   |   |                                      |                                   |  | 1011               |  |  |
|---|---|---|--------------------------------------|-----------------------------------|--|--------------------|--|--|
|   | Complete Nos. 1 - 4 and 6 if there are interested parties.<br>Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. |   |                                      |                                   | OFFICE USE ONLY<br>CERTIFICATION OF FILING |                    |  |  |
| 1 | lame of business entity filing form, and the city, state and country of the business entity's place<br>f business.                |   |                                      | Certificate Number:<br>2016-52290 |  |                    |  |  |
|   | wnhill Builders, Inc.   |   |                                      |                                   |  |                    |  |  |
|   | San Antonio, TX United States   |   |                                      |                                   |  | Date Filed:        |  |  |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is                                  |   |                                      |                                   | 05/09/2016                                 |                    |  |  |
| 1 | ng filed.   |   |                                      |                                   |  |                    |  |  |
|   | City of San Antonio   |   |                                      |                                   | Date Acknowledged:                         |                    |  |  |
| 3 | Provide the identification number used by the government description of the services, goods, or other property to be              | d by the governmental entity or state agency to track or identify the contract, and provide a other property to be provided under the contract. |                                      |                                   |  |                    |  |  |
|   | 40-00365  | 365   |                                      |                                   |  |                    |  |  |
|   | Lady Bird Johnson Park Project  |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   | Nature o                                   | Nature of interest |  |  |
| 4 | Name of Interested Party  |   | City, State, Country (place of busin |                                   | ess) (check applicable)                    |                    |  |  |
|   |   |   |                                      |                                   | Controlling                                | Intermediary       |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |
| 5 | Check only if there is NO Interested Party.   |   |                                      |                                   |  |                    |  |  |
| 6 | AFFIDAVIT I swe   | 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  |   | this the                             |                                   | day of                                     |                    |  |  |
|   | 20, to certify which, witness my hand and seal of office  |   | , uns une                            |                                   | uuy u                                      |                    |  |  |
|   |   | <i>с</i> е.   |                                      |                                   |  |                    |  |  |
|   | Signature of officer administering oath Printed na  | ame of  | officer administering oath T         | itle of a                         | officer administer                         | ing oath           |  |  |
|   |   |   |                                      |                                   |  |                    |  |  |