| | | | - | _ | _ | _ | $\overline{}$ | $\overline{}$ | _ | $\neg \neg$ | _ | | τ | | 63 | | N | | 1 | $\neg \neg$ | | \neg |
|------------------------------------|--|---|--|---|---|-------|-------------------|---------------|---|-------------|---|--|---|-----------|---|---------------------|---|---|--|---|------|---------------------------|
| Charles of officer Strains cath | e said hand and | My Commission Expires January 15, 2019 AFFIX NOTARY STAMP / SEAL ABOVE | 6 AFFIDAVIT ANA L. GARCIA | 5 Check only if there is NO Interested Party. | | 4.0 | | | | | | 4 Name of Interested Party | Downtown Streets- Main & Soledad- Street work, Concrete, Utilities, Signals | 40-00300M | 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 services, goods, or other property to be provided under the contract. | City of San Antonio | - 1 | E-Z Bel Construction, LLC San Antonio, TX United States | | 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 | | CERTIFICATE OF INTERESTED |
| And I. Ancin | Michael R. R. day this the seal of office. | Signaphire of auxhorized agent | i swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | × | | | | 60.00 | | | | City, State, Country (place of business) | ork, Concrete, Utilities, Signals | - | vernmental entity or state agency to track or id erry to be provided under the contract. | | It is a party to the contract for which the form is | | state and country of the business entity's place | ties, sted parties, | | FED PARTIES |
| Title of Affor administration path | ne 29th day of Share | making of authorized agent of contracting business entity | at the above disclosure is true and correct. | | | | | | | | | business) (check applicable) Controlling Intermediary | | | entify the contract, and provide a | Date Acknowledged: | 06/22/2016 | Date Filed: | Certificate Number: 2016-74518 | OFFICE USE ONLY CERTIFICATION OF FILING | 1of1 | FORM 1295 |