## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

	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.			OFFICE USE ONLY CERTIFICATION OF FILING		
1				Certificate Number:		
	of business.			2016-87581		
	Innovative Interfaces Emeryville, CA United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			07/20/2016		
	being filed.			Date Acknowledged:		
	San Antonio Public Library			Date Acknowledged.		
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 provide	d under the contract.				
	6100007675_v3 Software/Computer					
				Natura of		
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap		
				Controlling	Intermediary	
	AIGH					
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
		7 0				
	4 5					
	·	Signature of authorized agent of contr	racting	g business entity	-	
	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said				day of		
	20, to certify which, witness my hand and seal of office.	, this the		day of	lad I	
		/ confease so	10	J.C.	ric	
	20, to certify which, witness my hand and seal of office.  Please see attached  Caufornia Notary  decrease					
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				ng oath		

CALIFORNIA JURAT WITH AFFIANT STATEM	ENT GOVERNMENT CODE § 8202
See Attached Document (Notary to cross out line  ☐ See Statement Below (Lines 1–6 to be completed	,
A saventen ian nativalization in militari	
VIIII THE REPORT OF THE PROPERTY OF THE PROPER	
· · · · · · · · · · · · · · · · · · ·	
anama and a series and a series at the series at the series and a series at the series	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certificat document to which this certificate is attached, and not the	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
tate of California county of <u>Alameda</u>	Subscribed and sworn to (or affirmed) before me on this 2/st day of July, 20/6, by Date Month Year
DETTY ANN NACE	(and (2)), Name(s) of Signer(s)
BETTY ANN NASE COMM. # 2106562 NOTARY PUBLIC - CALIFORNIA ALAMEDA COUNTY My Comm. Exp. May 9, 2019	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.  Signature of Notary Public
Seal Place Notary Seal Above	
	IONAL Information can deter alteration of the document or
fraudulent reattachment of this	form to an unintended document.

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_