CERTIFICATE OF INTERESTED PARTIES

FORM 1295

L						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 2	Name of business entity filing form, and the city, state and country of the business entity's place of business. La Med Facility Maintenance, Inc. San Antonio, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is				Certificate Number: 2017-180623 Date Filed: 03/21/2017	
ľ	being filed. City of San Antonio			1	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 provided under the contract. RFP-17-028 / 6100008531 Dangerous Premises					
4	Name of Interested Party		City, State, Country (place of business)		Nature of interest (check applicable)	
r					Controlling	Intermediary
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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.					
	Manuel Perez Jr. My Commission Expires 01/13/2020 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said					