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 | lame of business entity filing form, and the city, state and country of the business entity's place f business. | | | Certificate Number: 2017-250493 | | |
| | 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 eing filed. | | | 08/16/2017 | | |
| | ity of San Antonio | | Date Acknowledged: | | | |
| L | <u> </u> | | | | | |
| 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. | | | | | |
| | TCI-060217MT | | | | | |
| | 2017 On-Call Landscape Architectural Services | | | | | |
| 4 Nature of | | | | | f interest | |
| - | Name of Interested Party | City, State, Country (place of business) | | (check ap | pplicable) | |
| _ | | | | Controlling | Intermediary | |
| Wells, Beth | | San Antonio, TX United States | | Х | | |
| Clark, Lawrence | | San Antonio, TX United States | | Х | | |
| Schneider, Chen | | San Antonio, TX United States | | Х | | |
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| | | 2 | | | | |
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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. | | | | | | |
| | | | | | | |
| | ANDREA BOSQUEZ Notary Public Notary Public | | | | | |
| | (*() *) STATE OF TEXAS | | | | | |
| | My Comm. Exp. 01/09/2021 Signature of authorized agent of contracting business entity | | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | |
| | | | | | | |
| | Sworn to and subscribed before me, by the said Fizabeth Wells, this the day of August, to certify which, witness my hand and seal of office. | | | | | |
| | | | | | | |
| | O Boo | | | | | |
| | Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |
| | Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |