## **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<br>CERTIFICATION OF FILING |              |  |
|---|---|---------------------------------------|------------------------------------|--|--------------|--|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business.  |                                       | Certificate Number:<br>2017-279484 |  |              |  |
|   | ush Truck Center  |                                       |                                    |  |              |  |
|   | onverse, TX United States   |                                       | Date Filed:                        |  |              |  |
| 2 | lame of governmental entity or state agency that is a party to the contract for which the form is<br>being filed.   |                                       | 11/02/2017                         |  |              |  |
|   | City of San Antonio   |                                       | Date Acknowledged:                 |  |              |  |
|   |   |                                       |                                    | i -  |              |  |
| 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. |                                       |                                    |  |              |  |
|   | 3100009581  |                                       |                                    |  |              |  |
|   | Rear Load Refuse Trucks   |                                       |                                    |  |              |  |
| _ | Nature of interest  |                                       |                                    |  |              |  |
| 4 | Name of Interested Party City,  | City, State, Country (place of busine |                                    | ess) (check applicable)                    |              |  |
|   |   |                                       | [                                  | Controlling                                | Intermediary |  |
|   |   |                                       |                                    |  |              |  |
|   |   |                                       |                                    |  |              |  |
|   |   |                                       |                                    |  |              |  |
|   |   |                                       |                                    |  |              |  |
| _ |   |                                       |                                    |  |              |  |
|   |   |                                       |                                    |  |              |  |
|   |   | ***                                   |                                    |  |              |  |
|   |   | ····                                  |                                    |  |              |  |
|   |   |                                       | $\dashv$                           |  |              |  |
| _ |   |                                       | $\dashv$                           |  |              |  |
|   | , I   |                                       |                                    |  |              |  |
| 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. |  |
|   |   |                                       |                                    |  |              |  |
|   |   |                                       |                                    |  |              |  |
|   | * 10 All I  |                                       |                                    |  |              |  |
|   | I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity  |                                       |                                    |  |              |  |
|   | %. 10/2010 M  |                                       |                                    |  |              |  |
|   | AFFIX NOTARY STAMO SERVICE  |                                       |                                    |  |              |  |
|   | Sworn to and subscribed before me, by the said Pot le Claire, this the 02 day of NOV.   |                                       |                                    |  |              |  |
|   | 20  |                                       |                                    |  |              |  |
|   |   |                                       |                                    |  |              |  |
|   | Misa See lisa Gee Sales Coordinator   |                                       |                                    |  |              |  |
|   | Signature of officer Administering oath  Printed name of officer administering oath  Title of officer administering oath  |                                       |                                    |  |              |  |
|   |   |                                       |                                    |  |              |  |