CERTIFICATE OF INTERESTE	D PARTIES	FOF	RM 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. Name of business entity filing form, and the city, state and country of the business entity's place of business. Rosillo Creek Development, Ltd		OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2017-296490					
				SAN ANTONIO, TX United States Name of governmental entity or state agency that is a	a party to the contract for which the form is	Date Filed: 12/21/2017	
				being filed. City of San Antonio		Date Acknowledged	•
	100	ka					
Provide the identification number used by the govern description of the services, goods, or other property	mental entity or state agency to track or identify to be provided under the contract.	y the contract, and pro	ovide a				
000000							
City of San Antonio purchasing a land parcel to bu	ild a new fire station with Rosillo Creek Devel	opment					
Name of Interested Party	City, State, Country (place of bush	Nature of interest (check applicable)					
	City Galle, Country (place of Susin	Controlling	Intermediary				
osillo Creek Development, Ltd	SAN ANTONIO, TX United State	es X					
rechiga, Jamie	SAN ANTONIO, TX United State	es X					
eyna, Mike	SAN ANTONIO, TX United State	es	х				
			100				
Check only if there is NO Interested Party.							
AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the	above disclosure is true	e and correct.				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Melissa Rodriguez My Commission Expires		· ·	SIGN H				
10/28/2020 Port ID No. 126706625	Signature of authorized agent of con	tracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE							
Sworm to and subscribed before me, by the said \(\sqrt{\alpha} \) \(\lambda \)	nia Acadhica	2					
Sworn to and subscribed before me, by the said \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\) \	ne forchiga, this the following	Decday of _2	<u>4</u>				
	manada jaki ja jaki jaki jaki jaki jaki jaki		PARADAMINA (CARADA WARRANA				
Signature of officer administering oath Printe	d name of officer administering oath T	itle of officer administer	ing oath				