

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
American Legion Post 364
Corpus Christi, TX United States

Certificate Number:
2016-111201

Date Filed:
09/13/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Nueces County

Date Acknowledged:

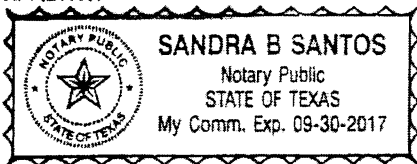
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2016
15/16 Diabetes Contract

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.



Pablo Barza
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pablo Barza, I, this the 14 day of September 2016, to certify which, witness my hand and seal of office.

Sandra B Santos Sandra B Santos Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath