## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

1 of 1

| TOIT         |  |   |   |  |  |
|--------------|--|---|---|--|--|
|              | Complete Nos. 1 - 4 and 6 if there are interested par<br>Complete Nos. 1, 2, 3, 5, and 6 if there are no interes   | OFFICE USE ONLY CERTIFICATION OF FILING   |   |  |  |
| 1            | Name of business entity filing form, and the city, of business.  | Certificate Number:<br>2016-9181  |   |  |  |
|              | MPM Development, LP  |   |   |  |  |
|              | City of Corpus Christi, TX United States   |   | Date Filed:                                 |  |  |
| 2            | Name of governmental entity or state agency that is a party to the contract for which the form is being filed.   |   | 02/04/2016                                  |  |  |
|              | City of Corpus Christi Development Services  |   | Date Acknowledged:                          |  |  |
| 3            | provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the goods or services to be provided under the contract.  |   |   |  |  |
|              | Parkview Unit 4  |   |   |  |  |
|              | Arterial grid main waterline reimbursement   |   |   |  |  |
| 4            | Name of Interested Party   | City, State, Country (place of business)  | Nature of interest (check applicable)       |  |  |
|              |  |   | 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.   |   |   |  |  |
|              |  |   |   |  |  |
|              | CINDY BUENO  |   |   |  |  |
|              | ID #1178588-3 Notary Public STATE OF TEXAS My Comm. Exp. 11-04-2019 AFFIX NOTARY STAMP / SEAL ABOVE  Signature of authorized agent of contracting business entity  |   |   |  |  |
|              |  |   |   |  |  |
|              |  |   |   |  |  |
| remaining to |  |   |   |  |  |
|              | Sworn to and subscribed before me, by the said   | 950 MOSTAGNASI this the   | 4 day of =                                  | HBMAN-   |  |
| rianten (mi  | 20 to certify which, witness my hand and seal of office.   |   |   |  |  |
|              |  |   |   |  |  |
|              | Drid Herrinan  | ^*  |   |  |  |
|              | CIMUL CHEVIL   | UNDY BUEND  |   |  |  |
|              | Signature of officer administering oath  | Printed name of officer administering oath  | Title of officer adminis                    | stering oath   |  |

