CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

101		
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
Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2016-81659
Bridges Specialties, Inc		
Robstown, TX United States		Date Filed:
 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. 		07/08/2016
City of Corpus Christi		Date Acknowledged:
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.		
E11050		
Drainage Improvement		
	The Otata One 1 11 11 11	Nature of interest
Name of Interested Party City, State, Country (pl		
		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.		
Katelin Chase Hogan My Commission Expires 10/17/2017 Signature of authorized agent of contracting business entity		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworm to and subscribed before me, by the said <u>Sylly Byldes</u> , this the <u>Sth</u> day of <u>July</u> , 20 to certify which, witness my hand and seal of office.		
Katty Chartely Katelin Chase Hagan Office Manager Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		
	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 coun of business. Provides Specialties, Inc Robstown, TX United States Name of governmental entity or state agency that is a party to the being filed. City of Corpus Christi Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the services of the provided in the services. Name of Interested Party Name of Interested Party Check only if there is NO Interested Party. AFFIDAVIT I swear, or Katelin Chase Hogan My Commission Expires 10/17/2017 AFFIX NOTARY STAMP / SEAL ABOVE Sworn, to and subscribed before me, by the said On the certify which, witness my hand and seal of office.	Camplete 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. Bridges Specialties, Inc Robstown, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Corpus Christi Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract. E11050 Drainage Improvement Name of Interested Party City, State, Country (place of business) Check only if there is NO Interested Party. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the My Commission Express Interest Notary Stamp / SEAL ABOVE Sworm to and subscribed before me, by the said Latter Charty Cha