## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

|  | <del>-,</del>                        |   |           | 1 01 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<br>of business.  |                                      | Certificate Number:                     |           |                                       |
| Cobb, Fendley & Associates, Inc.   |                                      | 2016-109526                             |           |                                       |
| Houston, 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  |                                      | 09/08/2016                              |           |                                       |
| being filed.<br>City of Corpus Christi   |                                      | 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.   |                                      |   |           |                                       |
| E16266 SUE Services  |                                      |   |           |                                       |
|  |                                      |   |           |                                       |
| 4  |                                      | Nature of interest                      |           |                                       |
| Name of Interested Party   | City, State, Country (place of busin | ess)  -                                 | (check ap | Intermediary                          |
| Bostwick, John   | Houston, TX United States            |   | X         | intermediary                          |
| Silver, Monica   | Houston, TX United States            |   | Х         |                                       |
| Funk, Stephanie  | Houston, TX United States            |   | Х         | -                                     |
| Conger, Dale   | Houston, TX United States            |   | ×         |                                       |
|  |                                      |   |           |                                       |
|  |                                      |   |           |                                       |
|  |                                      |   |           | · · · · · · · · · · · · · · · · · · · |
|  |                                      |   | _         |                                       |
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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.   |                                      |   |           |                                       |
| MEGAN LESHER  Supering Public, State of Texas  |                                      |   |           |                                       |
| Notary Public, State of Texas  Comm. Expires 10-16-2019  |                                      |   |           |                                       |
| Notgry ID 130405364  |                                      |   |           |                                       |
| Signature of authorized agent of contracting business entity   |                                      |   |           |                                       |
| AFFIX NOTARY STAMP / SEAL ABOVE  |                                      |   |           |                                       |
| Sworn to and subscribed before me, by the said <u>F1124bbH BVEHCI/0</u> this the <u>SM</u> day of <u>F4ptCMbC/</u> 20_1_0, to certify which, witness my hand and seal of office. |                                      |   |           |                                       |
| Myandisher Megan Lesher Notary   |                                      |   |           |                                       |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath   |                                      |   |           |                                       |