

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

Certificate Number:
2017-289374

Date Filed:
12/01/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Carlisle Insurance Agency, Inc
Corpus Christi, TX United States

2 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

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.

111
Agreement

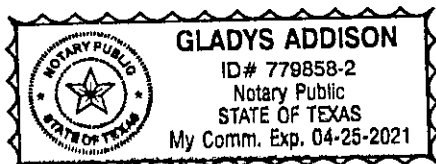
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.



AFFIX NOTARY STAMP/ SEAL ABOVE

C. C. Carlisle
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Christopher Chase Carlisle, this the 15th day of December 20 17, to certify which, witness my hand and seal of office.

Gladys Addison
Signature of officer administering oath

Gladys Addison
Printed name of officer administering oath

Title of officer administering oath