

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.

AIDS Outreach Center
Fort Worth, TX United States

Certificate Number:
2016-25971

Date Filed:
03/14/2016

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

City of Fort Worth

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 goods or services to be provided under the contract.

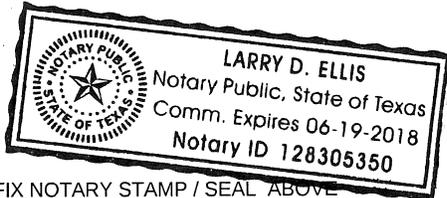
47281
Housing Opportunities for Persons with AIDS

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.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Associate Executive March 14 this the 14 day of March, 2016, to certify which, witness my hand and seal of office.

[Handwritten Signature: Larry D. Ellis]

Signature of officer administering oath

Larry D. Ellis

Printed name of officer administering oath

Director of Administrative Services

Title of officer administering oath