

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:
2016-142466

Date Filed:
12/04/2016

Date Acknowledged:

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

Health Care Service Corporation
Chicago, IL 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 Fort Worth, Texas

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.

37067
Tax Abatement Agreement

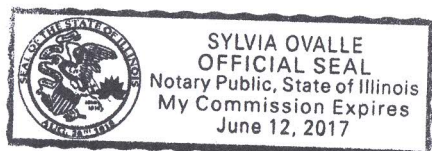
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Health Care Service Corporation	Chicago, IL United States	X	

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

Jason Kaye
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Jason Kaye VP-CRE, this the 5th day of Dec., 2016, to certify which, witness my hand and seal of office.

Sylvia Ovalle
Signature of officer administering oath

Sylvia Ovalle
Printed name of officer administering oath

Information Spec.
Title of officer administering oath