CERTIFICATE OF INTERESTED PART	FORM <b>1295</b>			
				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		
Name of business entity filing form, and the city, state and country of the business entity's place of business. HOA Hotels LLC		Certificate Number: 2017-157151		
Moline, IL United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is		Date Filed: 01/23/2017		
being filed.  City of Fort Worth		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.  Not Assigned Hotel Renovo Economic Development Program Agreement				
4 Name of Interested Party City, State, Country (place of busi		ess)	Nature of interest ss) (check applicable)	
			Controlling	Intermediary
Schulz, John	Moline, IL United States		Х	
Ullrich, Charles	Moline, IL United States		X	\$
Whalen, Kirk	Moline, IL United States		X	
Whalen, Michael	Moline, IL United States		Х	
5 Check only if there is NO Interested Party.				
OFFICIAL SEAL LISA BLACKWELL NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES 08-08-2017	affirm, under penalty of perjury, that the	<u>`</u>		e and correct.
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said KIRK WHALEN, this the 23 rd day of TANUARY, 20_17, to certify which, witness my hand and seal of office.				

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering path