

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

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

SiEnergy, L.P., 3 Lakeway Centre Court, Suite 110, Lakeway, TX 78734

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, TX

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.

Gas Supply Franchise for Natural Gas Transportation and Distribution Within City Limits

| 4<br>Name of Interested Party | City, State, Country<br>(place of business) | Nature of Interest (check applicable) |                          |
|-------------------------------|---|---------------------------------------|--------------------------|
|                               |   | Controlling                           | Intermediary             |
| IX Si Investment Co, LLC      | Lakeway, TX, United States                  | <input checked="" type="checkbox"/>   | <input type="checkbox"/> |
|                               |   | <input type="checkbox"/>              | <input type="checkbox"/> |
|                               |   | <input type="checkbox"/>              | <input type="checkbox"/> |
|                               |   | <input type="checkbox"/>              | <input type="checkbox"/> |
|                               |   | <input type="checkbox"/>              | <input type="checkbox"/> |
|                               |   | <input type="checkbox"/>              | <input type="checkbox"/> |
|                               |   | <input type="checkbox"/>              | <input type="checkbox"/> |
|                               |   | <input type="checkbox"/>              | <input type="checkbox"/> |

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

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said MANAGER, JUNE M. DIVELY, this the 7<sup>th</sup> day of SEPTEMBER, 20 17, to certify which, witness my hand and seal of office.

Ross Wade  
Signature of officer administering oath

ROSS WADE  
Printed name of officer administering oath

NOTARY PUBLIC  
Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

