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.			Certificate Number: 2018-404518		
	aSalle Corrections VI, LLC			2010-404316		
	ripping Springs , TX United States			Date Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is		09/17/2018			
	eing filed.		Date Acknowledged:			
	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 lescription of the services, goods, or other property to be provided under the contract.					
	POLICE-18-00434699					
	Correctional Management Services					
4		City Chata County (ulass of lausin		Nature of interest ess) (check applicable)		
	Name of Interested Party	City, State, Country (place of busine	ess)	Controlling	Intermediary	
_				Controlling	intermediary	
			\dashv			
			_			
_			1			
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
	My name is Tim Kuppiewski, and my date of birth is 10/05/63. My address is 26228 RR 12 DRIPING SPINGS, TX, 78620, USA. (street) (city) (state) (zip code) (country)					
	My address is 26228 RR 12 DRIPPING SPRINGS, TX, 78620, USA					
	(street) (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in					
	(month) (year)					
	Signature of authorized agent of contracting business entity (Declarant)					