

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.

B&E MEDICAL SUPPLY AND EQUIPMENT, LLC
SAN ANTONIO, TX United States

Certificate Number:
2021-759309

Date Filed:
05/28/2021

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

CITY OF PORT ARANSAS

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 services, goods, or other property to be provided under the contract.

PENDING CONTRACT ID #
MEDICAL SUPPLIES, MEDICAL EQUIPMENT, PHARMACEUTICAL DRUGS

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 UNSWORN DECLARATION

My name is Richard Rodriguez, and my date of birth is 04/24/1962.

My address is 7203 Eckhert Road, San Antonio, TX, 78238, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in SAN ANTONIO, BEXAR County, State of TEXAS, on the 28 day of MAY, 2021.
(month) (year)

Richard Rodriguez
Signature of authorized agent of contracting business entity
(Declarant)