| _ | | | | | | |
|---|---|--------------------------------------|------------------------------------|--------------------|--------------|--|
| | CERTIFICATE OF INTERESTED PART | TIES | | FORM | 1295 | |
| | Complete No. 4 Acad C There are interest in the | | | OFFICE USE | ONLY | |
| | 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. | | 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: 2016-133007 | | | |
| | JS FOODS, INC. ROSEMONT, IL United States | | Date Filed: | | | |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is | | 11/04/2016 | | | |
| _ | eing filed. | | | | | |
| | CITY OF ROUND ROCK | | Date Acknowledged: | | | |
| | | | | | | |
| 3 | 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. 16-0002 Wholesale distributor of food and food service supplies | | | | | |
| _ | Nature of interest | | | | interest | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check applicable) | | |
| Ĺ | | | | Controlling | Intermediary | |
| Α' | VILA, LUIS | ROSEMONT, IL United States | | X | | |
| KHAN, FAREED | | ROSEMONT, IL United States | | X | | |
| SATRIANO, PIETRO | | ROSEMONT, IL United States | , IL United States | | | |
| U | S FOODS HOLDING CORP. | ROSEMONT, IL United States | | X | | |
| L | | | | | | |
| L | | | | | | |
| L | | | | | | |
| L | | | | | | |
| | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | |
| 6 | 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | | |
| OFFICIAL SEAL ANN M SPITLER NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/05/17 Signalate of authorized agent of contracting business entity | | | | | | |
| | Sworn to and subscribed before me, by the said | | | | | |
| | | | | | | |
| | Hand So Anni Notary | | | | | |

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath