

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.

Aramark Correctional Services, LLC
Philadelphia, PA United States

Certificate Number:
2016-30841

Date Filed:
03/24/2016

Date Acknowledged:

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

Williamson County Texas

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.

#11WCAP108

Food Service for the Williamson County Jail Facility

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Munnely, Joseph	Philadelphia, PA United States	X	
Dirx, Christian	Philadelphia, PA United States	X	
Adams, Mark	Philadelphia, PA United States	X	
Hanner, John	Philadelphia, PA United States	X	
Aramark Services, Inc.	Philadelphia, PA United States	X	

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.

Mark Adams

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Adams, this the 24th day of March, 2016, to certify which, witness my hand and seal of office.

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Carolyn E. Colton, Notary Public
City of Philadelphia, Philadelphia County
My Commission Expires Jan. 18, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Carolyn E. Colton

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath