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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2016-135291				
	Web Benefits Design Orlando, FL United States							
_	•		Date Filed: 11/10/2016					
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			11/10/2010				
	City of Killeen			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.							
	2016 ACA Reporting Addendum Affordable Care Act reporting and electronic submission services.							
4			Nature of interest					
	Name of Interested Party	City, State, Country (place of business)		(check ap				
				Controlling	Intermediary			
Web Benefits Design		Orlando, FL United States		Х				
-								
5	Check only if there is NO Interested Party.							
6	MICHELLE ROSARIO NOTARY PUBLIC STATE OF FLORIDA Comm# FF096241 Expires 5/4/2018 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity							
	Sworm to and subscribed before me, by the said							
	Signature of officer administering oath Michael Rosano No Hary Title of officer administering oath							

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1 of 1

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	Web Benefits Design		2010 100201				
	Orlando, FL United States		Date Filed:				
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	City of Killeen						
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.						
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	Affordable Care Act reporting and electronic submission serv	nces.					
4				Nature of interest			
	Name of Interested Party	City, State, Country (place of busin	·				
		Olevele El Heirel Orden	Controlling	Intermediary			
W	eb Benefits Design	Orlando, FL United States	X				
5	Check only if there is NO Interested Party.			1			
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.						
		Signature of authorized agent of con	tracting business entity	,			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the	day of	,			
	20, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of	officer administering oath	Fitle of officer administe	ring oath			
	organization of officer administrating oath Finited Hallie of	omeer during seeing batti	nue or omeer aurimiste	ing odni			