

# 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

Certificate Number:  
2016-53630

Date Filed:  
05/11/2016

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

American Medical Response Ambulance Service, INC.  
Farmers Branch, TX United States

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

Collin County

**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.**

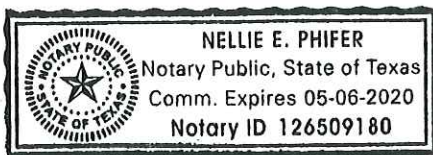
2013-016  
Emergency Medical Ambulance Service

| 4 | Name of Interested Party        | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|---------------------------------|--|---------------------------------------|--------------|
|   |                                 |  | Controlling                           | Intermediary |
|   | American Medical Response, Inc. | Greenwood Village, CO United             | 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.



*[Handwritten Signature]*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve Dralle, this the 16 day of May, 2016, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*

Signature of officer administering oath

Nellie E Phifer

Printed name of officer administering oath

Executive Assistant

Title of officer administering oath