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.			Certificate Number:		
	Treatment Assessment Screening Center, Inc.			2016-103927		
2	Phoenix, AZ United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		08/24/2016			
	Collin County Adult Probation & Juvenile Probation, Dention County Adult Probation, Tarrant County			Date Acknowledged:		
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a					
	RFP 2015-200					
	Offender specimen Collection and Drug Testing					
4	Nature of interest					
*	Name of Interested Party City, State, Co	City, State, Country (place of busines				
_				Controlling	Intermediary	
_						
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.					
	HEATHER ANN BOELTER Notary Public - State of Arizona MARICOPA COUNTY My Commission Expires June 14, 2020 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said					
	Halle Am Brelle Heather Ann Boether Notary Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					