

# 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.**  
JERRY BARNETT  
MCKINNEY, TX United States

**Certificate Number:**  
2016-87479

**Date Filed:**  
07/20/2016

**Date Acknowledged:**

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

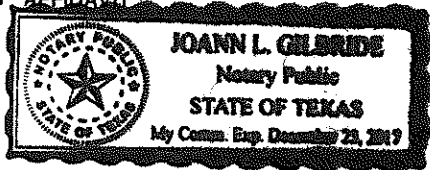
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

08271-11  
PROVIDING PHARMACIST SERVICES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	BARNETT, JERRY	MCKINNEY, TX 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.

Jerry Barnett  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jerry Barnett, this the 20<sup>th</sup> day of July, 2016, to certify which, witness my hand and seal of office.

Joann L. Gilbride  
Signature of officer administering oath

Joann L. Gilbride  
Printed name of officer administering oath

Notary/  
Healthcare Coordinator  
Title of officer administering oath