CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE OF Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE OF 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Certificate Number: 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Filed: 06/11/2018 Date Acknowledged:	FILING
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Certificate Number: 2018-366766 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Filed: 06/11/2018	
of business. 2018-366766 Spartan Psychological Consulting Date Filed: Grand Prairie , TX 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. 06/11/2018	a,
Grand Prairie , TX 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. 06/11/2018	a
Name of governmental entity or state agency that is a party to the contract for which the form is 06/11/2018 06/11/2018	a
being filed.	a
Collin County Date Acknowledged:	a
	a
	a
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract.	
2017-287	
Psychological evaluations	
4 Name of Interested Party City, State, Country (place of business) (check applic:	
(chour define	ermediary
	1.77
5 Check only if there is NO Interested Party.	
6 UNSWORN DECLARATION	
My name is Kobert D. Lackey, and my date of birth is 9.1.69	
My address is 7203 Estado Grand Prairie, TX, 75054, U	4A .
	untry)
I declare under penalty of perjury that the foregoing is true and correct.	
Executed in TArrant County, State of TX , on the 12 day of JUNC , 20	18
(month)	(year)
CALX	
Signature of authorized agent of contracting pusiness entity (Declarant)	
orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V	1 0 5522