

# 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:  
2019-506688

Date Filed:  
06/19/2019

Date Acknowledged:

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

Cognitive Diagnostics of North Texas  
Prosper, 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-Veteran's Court

**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.**

2018-433  
North Texas Regional Veteran's Court, Clinical Director

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**



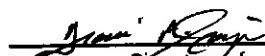
### 6 UNSWORN DECLARATION

My name is TRACIE A. KAIP, and my date of birth is [REDACTED]

My address is [REDACTED]  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in COLLIN County, State of TEXAS, on the 19<sup>th</sup> day of JUNE, 20 19.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)