CEKTIFICATE OF INTERESTED PARTIES

1 of 1

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	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.		Certificate Number:		
	partan Psychological Consulting		2019-552250		
	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.		10/16/2019		
	Collin County		Date Acknowledged:		
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.				
	2017-287 Services: Psychological Evaluations, Juvenile				
4			Nature of interest		
	Name of interested Party	City, State, Country (place of busine	controlling	pplicable) Intermediary	
			Controlling	memeulary	
5 Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				
	My name is Robert A. Lackey	, and my date of bi	irth is		
	My address is (street)	,, (city) (stat	te) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty, State of				
	Signature of authorized agent of contracting business entity (Declarant)				