

# 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.**

Terri Bauer, LCSW, LSOTP  
McKinney, TX United States

Certificate Number:  
2019-543636

Date Filed:  
09/24/2019

Date Acknowledged:

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

Terri Bauer, LCSW, LSOTP

**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.**

2015-230  
Services: Juvenile Sex Offender Counseling

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 TERRI L. Bauer, 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 TX, on the 24 day of Sept, 202019  
(month) (year)

Terri L. Bauer LCSW LSOTP  
Signature of authorized agent of contracting business entity  
(Declarant)