CERTIFIC	ATE OF	INTERESTED	DARTIES
CERTIFIC	AIEUr	INTERESTED	PARILES

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				
<ol> <li>Name of business entity filing form, and the city, state and cour of business.</li> </ol>	Certificate Number:				
Treatment Assessment Screening Center, Inc Phoenix, AZ United States	2016-72644				
2 Name of governmental entity or state agency that is a party to ti	Date Filed: 06/17/2016				
being filed.  Collin County Adult Probation & Juvenile Probation, Dention  County	County Adult Probation, Tarrant	Date Acknowledged	l:		
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 2013-335 Observed Urine Sample Collections and Laboratory Drug Tes	ded under the contract.	the contract, and pr	ovide a		
4 Name of Interested Party	City, State, Country (place of busine		Nature of interest (check applicable)		
· · · · · · · · · · · · · · · · · · ·	only, onate, country (place of pushing	Controlling	Intermediary		
Plummer, Merrì	Phoenix, AZ United States	x			
Meiser, Rita	Phoenix, AZ United States	х			
Hepburn, John	Phoenix, AZ United States	Х			
Briggs, Marrya	Phoenix, AZ United States	x			
Sideman, Lawrence	Phoenix, AZ United States	x			
Peterson, Bruce	Phoenix, AZ United States	x			
Kramer, Douglas	Phoenix, AZ United States	х			
Mitchell, Denise	Phoenix, AZ United States	×			
5 Check only if there is NO Interested Party.					
SALINA FAABORG Notary Public - State of Artzona MARICOPA COUNTY My Cemmission Expires March 24, 2020	affirm, under penalty of perjury, that the a	above disclosure is true	e and correct.		
AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of contra	acting business entity			
Sworn to and subscribed before me, by the said <u>Denise Mitchel</u> , this the <u>TW</u> day of <u>Tune</u> , 20 to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of o	Faahorg Hum fficer administering oath Title	UN TUSDUTU e of officer administeri	<u>Lignaris</u>		