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		
 Name of business entity filing form, and the city, state and country of the business entity's place of business. 		Certificate Number:	
Public Information Associates		2018-374101	
Allen, 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		06/28/2018	
being filed.		Date Acknowledged:	
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.			
2018-309			
Professional Services: Coalition for Behavioral Healthcare			
Nature of interest			
4 Name of Interested Party	City, State, Country (place of busin		pplicable)
		Controlling	Intermediary
Hornsby, Leigh	Gray, TN United States	X	
Cruser, des Anges	Arlington, TX United States		х
Bickford, Dana	McKinney, TX United States		х
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION		L	74
Leigh Hornsby		June 4, 19	/1
My name is			
278 Settlers Way My address is	Gray,,,,	TN 37615	_,
(street)	(city) (si	tate) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correct.			
Executed inCour	nty, State of, on the	day of	, 20
		(month)	(year)
Signature of authorized agent of contracting business entity (Declarant)			