

# 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.**

Certificate Number:  
2019-519995

Cognitive Diagnostics of North Texas, PLLC  
 Prosper, TX United States

Date Filed:  
07/23/2019

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

Date Acknowledged:

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.**

2019-279  
 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_  
(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 23 day of July, 20 19.  
(month) (year)

  
 Signature of authorized agent of contracting business entity  
 (Declarant)