CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2019-524867

Date Filed:
08/02/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
James G Shupe MD
Irving, TX United States

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

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.
07335-10
Agreement, physician, Dr. James Shupe

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. [X]

6 UNSWORN DECLARATION

My name is Camden J. Dickey, 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 Texas, on the 4 day of Aug (month), 2019 (year).

Camden J. Dickey
Signature of authorized agent of contracting business entity
(Declarant)