

# 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

Certificate Number:  
2019-445184

Date Filed:  
01/24/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Dr. Brock L. Pierce, MD  
McKinney, 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.

Agreement 2018-235  
Specialized Patient Care, Health Care Foundation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pierce, Brock	McKinney, TX United States	X	

5 Check only if there is NO Interested Party. ☐

### 6 UNSWORN DECLARATION

My name is BROCK LAWSON PIERCE

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

Texas

on the 24<sup>th</sup> day of

JANUARY, 20

19

(month)

(year)

Signature of authorized agent of contracting business entity  
(Declarant)