

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.

Southwest Correctional Medical Group
Nashville, TN United States

Certificate Number:
2020-631082

Date Filed:

06/11/2020

Date Acknowledged:

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.

2015-122

Services, Inmate Health Care

[illegible]

5 Check only if there is NO Interested Party.

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6 UNSWORN DECLARATION

My name is **Andrew Small**, and my date of birth is **11/11/1991**.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Davidson County, State of TN, on the 12 day of June, 2020.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)