

# 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:  
 2021-761129

Date Filed:  
 06/03/2021

Date Acknowledged:

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

Darren Gray  
 Rockwall, 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, Texas - VALOR

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.

2021-292  
 Personal Services Agreement: (VALOR) Darren Gray, Mental Health Services

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 DARREN M GRAY, and my date of birth is [REDACTED].

My address is [REDACTED]

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

Executed in ROCKWALL County, State of TEXAS, on the 3 day of JUNE, 20 21.  
 (month) (year)

[Signature]  
 Signature of authorized agent of contracting business entity  
 (Declarant)