## **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			Certificate Number:					
	ousiness.				2021-799442				
	Southwest Correctional Medical Group NASHVILLE, TN United States				Date Filed:				
2	Name of governmental entity or state agency that is a party to t	ernmental entity or state agency that is a party to the contract for which the form is				09/08/2021			
	being filed. Collin County				Date /	Acknowledged:			
	Collin County				Date A	teknowicugeu.			
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov			or identify	the co	ntract, and pro	vide a		
	2015-122								
	Services, Inmate Healthcare								
4					Nature of interest				
4	Name of Interested Party City, State, Country (place of b		e of busine	ess)	(check applicable)				
					$\dashv$	Controlling	Interme	diary	
					-+				
					$\dashv$		<del> </del>		
		ı							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is, and my da				birth is .				
							_	_	
	My address is(street)	,	(city)	,	_, _ ate)	(zip code)	_, (country	 	
	(cl.ss.)		(o.ty)	(0.	210)	(2.6 3033)	(200)	,,	
	I declare under penalty of perjury that the foregoing is true and corre	ect.							
	Executed in DavidsonCour	nty, State	of Tennessee	, on the	8 <sub>da</sub>	av of Septeml	ber, 20 <b>2</b> 1	1 .	
		<b>J</b> ,	\			(month)	(ye		
			$\bigvee$ $\bigwedge$	<					
								_	
			orized agent of contracting business entity (Declarant)						