

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:
2021-805014

Date Filed:
09/22/2021

Date Acknowledged:

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

Clinical Pathology Laboratories
Austin, 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.

2021-203
Clinical Laboratory Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Smithson, Bobby	Austin, TX United States	X	
	Hussong, Jerry	Austin, TX United States	X	
	Wilks, Christopher	Macquarie Park New South Wales	X	
	Goldschmidt, Colin	Macquarie Park New South Wales	X	
	Johnson, Kenneth	Austin, TX United States	X	
	West, James	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Peggy Crakes, Compliance Officer, 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 Travis County, State of Texas, on the 22 day of September, 2021.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)