1 of 1

_				TOLL	
	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 count of business.	Certificate Number:			
	Spartan Psychological Consulting	2021-830337			
	Grand Prairie, TX United States	Date Filed:			
2	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed.		12/07/2021		
	Collin County		Date Acknowledged:		
3	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract.				
	2020-157				
	Psychological Service				
		I	Nature	of interest	
l	Name of Interested Party	Name of Interested Party City, State, Country (place of bus		Nature of interest less) (check applicable)	
_			Controlling		
		·			
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
	My name is Kobert D. Lackey , and my date of birth is				
	My address is				
	(street)	(city) (sta	ate) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.					
Executed in					
	(month) (year)				
	CA PLA				
	Signature of authorized agent of contracting business entity				
	(Declarant)				