	CERTIFICATE OF INTERESTED PARTIES						FORM 1295		
	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: 2022-875087 Date Filed:			
2	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed. Collin County					04/19/2022 Date Acknowledged:			
3	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. 215-122 ervices, Inmate Health Care								
4							Nature of interest ness) (check applicable)		
	Name of Interested Party City, State, Country (place			or business	Controllin		Intermediary		
		+					9		
		-							
		_							
		-							
		+							
	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	Cole Casey My name is, and my date of birth is								
	My address is			(city)	(state	(zip code))	(country)	
	I declare under penalty of perjury that the foregoing is true and corre			Tonnoccoo	10	.	. 7	22	
	Executed inCour	nty,	State of _	Tennessee	_, on the				
			(ocuSigned by:		(mo	nth)	(year)	
			6	le Cosey EA597757A3941D					
	Signature of authorized agent of contracting business entity (Declarant)								