## **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<br>CERTIFICATION OF FILING |                    |  |  |
|---|--|-----------------|--|--|--------------------|--|--|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business.   |                 |  | Certificate Number:<br>2022-911983         |                    |  |  |
|   | hildren's Advocacy Center of Collin County   |                 |  |  |                    |  |  |
|   | Plano, TX United States  |                 |  | Date Filed:                                |                    |  |  |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is   |                 |  | 07/19/2022                                 |                    |  |  |
|   | being filed. 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<br>scription of the services, goods, or other property to be provided under the contract. |                 |  |  |                    |  |  |
|   | 018-246  |                 |  |  |                    |  |  |
|   | Lease, Children's Advocacy Center, Amendment No. 1   |                 |  |  |                    |  |  |
| _ |  |                 | Nature of interest                     |  |                    |  |  |
| 4 | Name of Interested Party  City, State, Country (place of bus   |                 |  |  |                    |  |  |
|   |  |                 |  | Controlling                                | Intermediary       |  |  |
|   |  |                 |  |  |                    |  |  |
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| r |  |                 | ************************************** |  |                    |  |  |
| r |  |                 |  |  |                    |  |  |
| 5 | 5 Check only if there is NO Interested Party.  |                 |  |  |                    |  |  |
| 6 | UNSWORN DECLARATION  |                 |  | H  |                    |  |  |
|   | My name is Lynne McLeam  | , and my date o | nd my date of birth is                 |  |                    |  |  |
| 1 |  |                 |  |  |                    |  |  |
| l | My address is(street)  | (city)          | state)                                 | (zip code)                                 | (country)          |  |  |
|   | I declare under penalty of perjury that the foregoing is true and correct.  Executed in County, State of County, State of, on the  |                 |  |  |                    |  |  |
|   |  |                 |  |  |                    |  |  |
|   | Signature of authorized agent of contracting business entity (Declarant)   |                 |  |  |                    |  |  |