

# 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:  
2022-944055

Date Filed:  
10/13/2022

Date Acknowledged:

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

Addiction Services, LLC  
Scottsdale, AZ 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.

2023-075  
MOU for Methadone Opioid Treatment for Inmates

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	CMS Apollo Corporation	TBD, DE United States		X
	CMS Apollo Intermediate Corporation	TBD, DE United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Michael B. Bely, 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 Maricopa County, State of AZ, on the 13<sup>th</sup> day of October, 2022  
(month) (year)

Michael B. Bely  
Signature of authorized agent of contracting business entity  
(Declarant)