CERTIFICATE OF INTERESTED PARTIES

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.

<table>
<tr><td colspan="2">

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

Clinical Pathology Laboratories, Inc.

Austin, TX United States
</td><td>

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2022-928249

Date Filed:
08/30/2022

Date Acknowledged:
</td></tr>
<tr><td colspan="2">

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Collin County
</td></tr>
</table>

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
Lab Services

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

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is __Peggy Crakes__, and my date of birth is ████████.

My address is ████ _____, ████ _____, ██ __, ████ ____, ██ __.
                      (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 __30__ day of __August__, 20__22__.
                                                                                (month)   (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)