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		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Robert E. Ray			2023-1017623		
	Burleson , 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		05/08/2023			
	eing filed. ollin County		Date Acknowledged:			
	Comin County		J	tomiomicagoai		
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.					
	2023-273 Personal Services Agr					
	Case Manager (Veterans Court)					
					Nature of interest	
4	Name of Interested Party	City, State, Country (place of busi	ness)			
				Controlling	Intermediary	
		1				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Robert Ethan Ray	s Robert Ethan Ray , 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 Johnson Count	ty, State of Texas , on the	8th d		, 20 <u>_</u> 23	
		the		(month)	(year)	
	Signature of authorized agent of contracting business entity					
	Signatule of authorized age N of contracting business entity (Declarant)					