

**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.

Connections Wellness Group  
Denton, TX United States

Certificate Number:  
2023-1040964

Date Filed:  
06/30/2023

Date Acknowledged:

**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.

2023-300 PSA \_Valor  
Counseling/Mental Health/Substance Use

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5** Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is Shanna Dugan 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 Denton County, State of Texas, on the 30 day of June, 2023  
(month) (year)

[Signature]  
Signature of authorized agent of contracting business entity  
(Declarant)