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 | | |
|---|--|---------------------------------------|---|---------------------------------------|--|
| Name of business entity filing form, and the city, state and country of the business entity's place of business. Wellpath LLC | | | Certificate Number: 2023-1065110 | | |
| NASHVILLE, TN United States | | | Date Filed: | | |
| Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | 08/28/2023 | | |
| Collin County | | | Date Acknowledged: | | |
| 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. | | | | | |
| 2022-061 Inmate Health Care Medical Services | | | | | |
| 4 Name of Interested Party | | City, State, Country (place of busine | | Nature of interest (check applicable) | |
| | | | | Intermediary | |
| Hallman, Louis | | Nashville, TN United States | X | | |
| Waltzer, David | | Nashville, TN United States | X | | |
| Goldstone, Marc | | Nashville, TN United States | Х | | |
| Vanns, Tabitha | | Nashville, TN United States | Х | | |
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| | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | |
| 6 UNSWORN DECLARATION | | | | | |
| My name is, and my date of birth is | | | | | |
| My address is | (street) | (city) (s | state) (zip code) | (country) | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| Executed in Davidson County, State of Tennessee, on the 28 day of August, 2023. (month) (year) | | | | | |
| | Mh I M | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | |