## **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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2024-1117965			
	Luis Dominguez						
	allas, TX United States			Date Filed:			
2	me of governmental entity or state agency that is a party to the contract for which the form is			01/30/2024			
	ollin County			Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a ription of the services, goods, or other property to be provided under the contract.					
	2024-192						
	Personal services agreement: Autopsies						
4	Name of Interested Party City, State, Country (place of b			Nature of interest			
		City, State, Country (place of busine	place of business)		(check applicable)		
_				Controlling	Intermediary		
5 Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION						
	ly name is, and my date of birth is						
	My address is			1.4			
	(street)		tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
Executed in Dallas County, State of Texas, on the 31 day of January , 20 24.							
1 1 (month) (year)							
	Signature of authorized agent of contracting business antity						
Signature of authorized agent of contracting business entity (Declarant)							