CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2024-1217479

Date Filed:
09/20/2024

Date Acknowledged:

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

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.
2021-203 Lab Services
Laboratory services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Silberman , Mark	Austin, TX United States	X	
Dlabik, Charles	Austin, TX United States	X	
Roberts , Cory	Austin, TX United States	X	
Goldschmidt , Colin	Sydney NSW 2000 Australia	X	
Sonic Healthcare USA Investments, Inc	Austin, TX United States	X	
Salama, Mohamed	Austin, TX United States	X	
Schaper, Clay	Austin, TX United States	X	
Wilks , Christopher	Sydney NSW 2000 Australia	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Pamela Delbridge, and my date of birth is [redacted]

My address is [redacted] (street) [redacted] (city) [redacted] (state) [redacted] (zip code) [redacted] (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Travis County, State of TX, on the 20 day of Sept (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)