

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-260856

Date Filed:
09/14/2017

Date Acknowledged:
9-25-17

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.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ALVORD MEDICAL CENTER, PA
Alvord, 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.
Wise County Jail

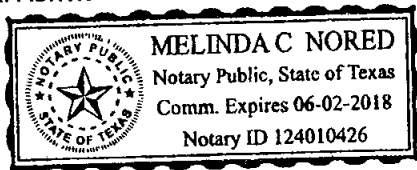
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
FY2017-2018
Medical Services for Wise County Jail inmates

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
TIBBELS, C. KELLEY	DECATUR, TX United States	X	
STEFFEN, THOMAS	DECATUR, TX United States	X	
ALLING, JEFFERSON	DECATUR, TX United States	X	

5 Check only if there is NO interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jefferson Atling, this the 14th day of September, 2017, to certify which, witness my hand and seal of office.

Melinda C. Nored
Signature of officer administering oath

Melinda C. Nored
Printed name of officer administering oath

H.R. Director
Title of officer administering oath