

# 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

Certificate Number:  
2017-256103

Date Filed:  
09/01/2017

Date Acknowledged:

9-11-17

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

AirMedCare Network  
West Plains, MO 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, TX

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.

2540-2017  
Membership

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

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

**MICHAEL K HOWELL**  
Notary Public - Notary Seal  
STATE OF MISSOURI  
Howell County  
My Commission Expires Sept. 18, 2020  
Commission #12332223

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

Jennifer Gallamore  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer Gallamore, this the 1<sup>st</sup> day of September 20 17, to certify which, witness my hand and seal of office.

Michael Howell  
Signature of officer administering oath

Michael Howell  
Printed name of officer administering oath

Medical Records Clerk.  
Title of officer administering oath