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:
2016-134735

Date Filed:
11/09/2016

Date Acknowledged:
11-14-16

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

Indigent Healthcare Solutions
Conroe, 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

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.

Renewal FY 2017
Indigent Healthcare Solutions Software

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

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

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

JACLYN SUZANNE HAMBRIGHT
My Notary ID # 129749058
Expires March 17, 2018

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Baird, this the 09 day of Nov., 20 16, to certify which, witness my hand and seal of office.

Jaclyn Suzanne Hambright — Jaclyn Suzanne Hambright — TX Notary

Signature of officer administering oath — Printed name of officer administering oath — Title of officer administering oath