

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Shepherd's Benefits, Inc. dba HelpMD, Inc.
 McKinney, TX United States

Certificate Number:
 2017-235227

Date Filed:
 07/12/2017

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

Date Acknowledged:
 7-12-17

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.
 Telemedicine FY2017
 Telemedicine

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Hogan, Barry	McKinney, TX United States		X
Golle, Tara	McKinney, 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.



Tara Golle *Jara Golle*
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tara Golle, this the 12th day of July, 2017, to certify which, witness my hand and seal of office.

X *[Signature]* EDAN YEHEZKEL NOTARY
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath