

## Memorandum Of Understanding

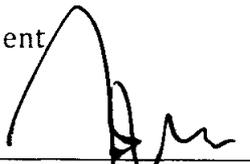
This Memorandum of Understanding (MOU) is by and between Indigent Healthcare Solutions, hereinafter called "IHS" and **Wise County**, hereinafter called "Client".

This MOU is intended to document that both parties intend to extend for a period of one year the Non-Exclusive License Agreement, which is in effective until January 1, 2017.

Such an extension is provided for in Section 4 "TERM" of the Non-Exclusive License Agreement. Upon execution of this MOU by both parties, the aforementioned documents shall be extended for a period of one (1) year beginning January 1, 2017 until January 1, 2018.

This MOU shall become effective when executed and except as modified herein, all of the Terms and Conditions of the listed agreements shall remain in full force and affect.

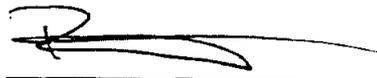
Client



Hon. JD Clark  
County Judge

NOV 14, 2016

IHS



Robert Baird  
President

11/9, 2016

# 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.**

Indigent Healthcare Solutions  
Conroe, TX United States

Certificate Number:  
2016-134735

Date Filed:  
11/09/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Wise County

Date Acknowledged:  
11-14-16

**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

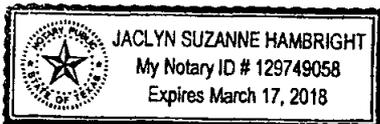
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



**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 Robert Baird, this the 09 day of Nov., 2016, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Jaclyn Suzanne Hambricht  
Printed name of officer administering oath

TX Notary  
Title of officer administering oath