

# 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:  
2017-153591

Date Filed:  
01/12/2017

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Healthstat Inc.  
Charlotte, NC United States

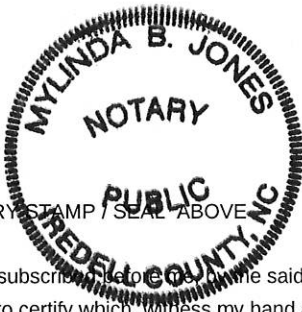
**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
City of Roundrock

**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.**  
Health Clinic Services  
Onsite Health clinic for the employees of the City of Roundrock

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.



*Jill Patton*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me this the JILL PATTON, this the 12<sup>TH</sup> day of January, 2017, to certify which, with my hand and seal of office. MY COMMISSION EXPIRES: 11-18-2019

*Mylinda B. Jones* MYLINDA B. JONES NORTH CAROLINA NOTARY PUBLIC  
\_\_\_\_\_  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath