CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

							1 0† 1		
	mplete Nos. 1 - 4 and 6 if there are interested parties. mplete 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.					Certificate Number:			
	Deer Oaks EAP Services, LLC		2023-1072377						
	San Antonio, TX United States								
2	Name of governmental entity or state agency that is a pabeing filed.	ıis	09/15/2023						
	ity of Round Rock					Date Acknowledged:			
3	Provide the identification number used by the government description of the services, goods, or other property to 0000000			r identify	the con	tract, and pro	vide a		
	Employee Assistance Program								
4	Name of Interested Party				Nature of interest				
			City, State, Country (place of busin				pplicable)		
						Controlling	Intermediary 		
В	oskind, Ph.D, Paul		San Antonio, TX United States			X			
					+				
5	Check only if there is NO Interested Party.				I				
6	UNSWORN DECLARATION								
	My name is Alicia Barrera		, and my	y date of b	irth is				
	My address is 126 E. Main Plaza Ste 8		San Antonio	, TX	, _7	8205	_, <u>USA</u>		
	(street)		(city)	(sta	ite)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in Bexar	County,	State of Texas	, on the _	18 _{_da}	y of Septen	nber ₂₀ 23 (year)		
		٠	_			(month)	(yeai <i>)</i>		
	-	All	 Signature of authorized age	2 Int of contr	acting h	nuciness ontitu			
			Operland		acting L	rusinicas Enuly			

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					1 of 1						
	Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE USE ONLY								
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CERTIFICATION OF FILING									
1	Name of business entity filing form, and the city, state and count of business.	me of business entity filing form, and the city, state and country of the business entity's plac business.									
	Deer Oaks EAP Services, LLC										
	San Antonio, TX United States			Date Filed:							
2	Name of governmental entity or state agency that is a party to the being filed.	09/15/2023									
	City of Round Rock	nd Rock									
3		09/22/2023 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.									
	000000										
	Employee Assistance Program										
4		[Nature (of interest						
4	Name of Interested Party City, State, Country (place of		y (place of busine	ess) (check a	applicable)						
				Controlling	Intermediary						
В	oskind, Ph.D, Paul	San Antonio, TX	United States	Х							
					<u> </u>						
					 						
					<u> </u>						
5	Check only if there is NO Interested Party.										
6	UNSWORN DECLARATION										
	My name is	birth is	·								
	My address is										
	(street)	(city)		ate) (zip code)	(country)						
	I declare under penalty of perjury that the foregoing is true and correct	ct.									
	Executed inCount	ty, State of	, on the _								
				(month)) (year)						
		Signature of author	rized agent of cont	tracting husiness entity	,						
Signature of authorized agent of contracting business entity (Declarant)											