

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

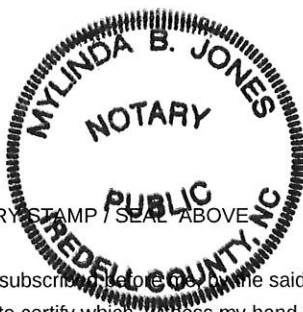
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jill Patton
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me this the 12TH day of January, 2017, to certify which, Witness my hand and seal of office.

MY COMMISSION EXPIRES: 11-18-2019

Mylinda B. Jones
Signature of officer administering oath

MYLINDA B. JONES
Printed name of officer administering oath

NORTH CAROLINA
NOTARY PUBLIC
Title of officer administering oath