## **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	lame of business entity filing form, and the city, state and country of the business entity's place of business.  Holmes Murphy & Associates		Certificate Number: 2019-475671			
	Dallas, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is		04/11/2019			
	being filed. City of Round Rock		Date Acknowledged:			
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.					
	000000 Group Healthcare Consultant Services					
4			Nature of interest			
	Name of Interested Party City, Stat	Name of Interested Party City, State, Country (place of busin		(check applicable)  Controlling Intermediary		
				Controlling	intermediary	
_						
-						
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
	My name is David Gibson, and my date of birth is 12/31/64					
	My address is 2712 Pork Central Dallas TX 75251 US (street) (country)					
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in					
	( ) M.O.					
	Signature of authorized agent of contracting business entity (Declarant)					