CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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: 2016-118125
Date Filed: 09/29/2016
Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
gastroenterology associates of texas, p.a.
sugarland, TX United States

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

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.
G635-17drsh
health care physician

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. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Gregory Shannon MD
Signature of authorized agent of contracting business entity

NINFA VASQUEZ NOTARY PUBLIC STATE OF TEXAS ID 12869868-5 EXP 08-08-2019

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gregory Shannon, MD, this the 30th day of September, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ninfa Vasquez
Printed name of officer administering oath

HHS Admin Asst.
Title of officer administering oath

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