

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:
 2016-118193

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.

Greater Houston Gastroenterology, PLLC
 Houston, 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

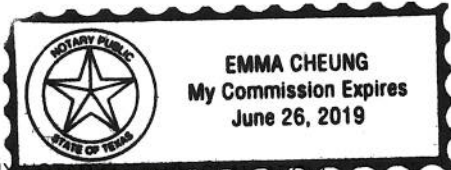
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

G635-17DRVA
 1115 Waiver colonoscopy screening procedures

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.



Jennifer Bano

 Signature of authorized agent of contracting business entity

AFFIDAVIT FOR THE FORM TO BE FILED ABOVE

Sworn to and subscribed before me, by the said Jennifer Bano, this the 29 day of Sept, 2016, to certify which, witness my hand and seal of office.

Emma Cheung Emma Cheung Notary

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath