

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 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Fort Bend Family Health Center, Inc., dba AccessHealth
Richmond, TX United States

Certificate Number:
2016-118242

Date Filed:
09/30/2016

Date Acknowledged:

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.

G635-17AH
1115 Waiver healthcare capacity projects

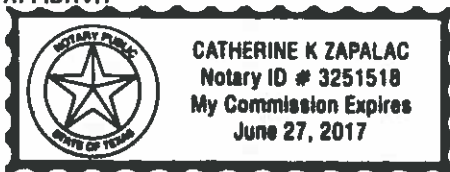
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fort Bend Family Health Center, Inc	Richmond, TX United States	X	

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.



Carol V. Edwards

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carol V. Edwards, this the 6th day of October, 20 16, to certify which, witness my hand and seal of office.

Catherine K. Zapalac
Signature of officer administering oath

Catherine K. Zapalac
Printed name of officer administering oath

Notary
Title of officer administering oath