

# 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.**

OakBend Medical Center  
Richmond, TX United States

Certificate Number:  
2017-273929

Date Filed:  
10/18/2017

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.**

1  
22003 property sale.

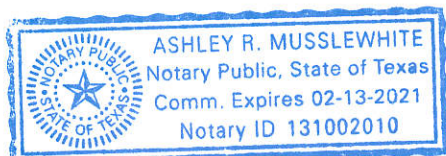
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**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

[Signature]  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Joseph Freudenberger, this the 18th day of October, 2017, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

Ashley Musslewhite  
Printed name of officer administering oath

Executive Assistant  
Title of officer administering oath