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:
2024-1239450

Date Filed:
11/15/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Thomas Kaspar, MD
Gonzales, 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.
25-CLNCHLTH-100080
Medical provider for TB clinic

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 UNSWORN DECLARATION

My name is Thomas Adam Kaspar, MD, and my date of birth is Apr 2 1964

My address is 8709 FM 532 W (street), Galveston (city), TX (state), 78629 (zip code), USA (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Gonzales County, State of Texas, on the 18 day of 11 (month), 20 24 (year)

Signature of authorized agent of contracting business entity
(Declarant)