

July 24, 2019

Mr. Wolff,

I am writing to fulfill your request for updated information relative to SCRAM Continuous Alcohol Monitoring (CAM) and its distribution and service model. SCRAM Systems distributes their product through authorized Service Partners. Our contractual relationship makes Recovery Healthcare Corporation the exclusive authorized partner for SCRAM CAM in Fort Bend County, Texas.

Please contact me directly if I can provide any additional information.

Thank you,



Kevin McDonald  
Director of Sales, Western Region  
SCRAM Systems  
(720) 369-2232  
[kmcdonald@scramsystems.com](mailto:kmcdonald@scramsystems.com)

30-1

# 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.**  
Recovery Monitoring Solutions Corporation dba Recovery Healthcare Corporation  
Dallas, TX United States

**Certificate Number:**  
2019-523606

**Date Filed:**  
07/31/2019

**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 Community Supervision & Corrections Department

**Date Acknowledged:**  
08/13/2019

**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.**  
RMS-079-CAM  
Secure Continuous Remote Alcohol Monitoring (SCRAM) services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fain , Terry	Dallas , TX United States	X	
	Hajek, Will	Dallas, TX United States	X	

**5 Check only if there is NO Interested Party.**

### 6 UNSWORN DECLARATION

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)