

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:
 2016-106857

Date Filed:
 08/31/2016

Date Acknowledged:
 09/02/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Dr Ivan Melendez
 Mission, 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.
 County of Hidalgo

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.
 C-16-089-05-10- 1st Amendment
 Medical Services

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.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

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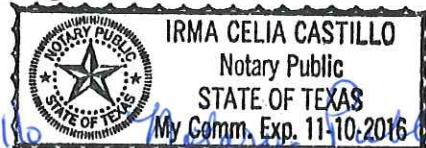
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 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dr. Ivan Melendez, this the 1st day of Sept. 2016, to certify which, witness my hand and seal of office.




 Signature of officer administering oath

Irma Celia Castillo
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath