

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:
 2018-429798

Date Filed:
 11/30/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 USRC MISSION, LP
 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.
 Hidalgo County Sherrif's Office

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.
 2018-285, PO #789539
 DIALYSIS TREATMENTS FOR INCARCERATED PATIENTS.

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 UNSWORN DECLARATION

My name is THOMAS L. WEINBERG, and my date of birth is 05/25/1965.

My address is 6429 Lavendale Avenue, Dallas, Texas, 75230, USA.
(street) (city) (state) (zip code) (country)

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

Executed in DALLAS County, State of TEXAS, on the 30th day of November, 2018.
(month) (year)

Thomas L. Weinberg

Signature of authorized agent of contracting business entity
 (Declarant)

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 CERTIFICATION OF FILING**

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 USRC MISSION, LP
 MISSION, TX United States

Certificate Number:
 2018-429798

Date Filed:
 11/30/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County Sherrif's Office

Date Acknowledged:
 12/03/2018

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.
 2018-285, PO #789539
 DIALYSIS TREATMENTS FOR INCARCERATED PATIENTS.

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 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)