

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:
2020-637823

Date Filed:
06/29/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
MedTrust LLC
San Antonio, 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

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.
2020-283
Licensed Vocational Nurses

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 Craig Hershovitz, and my date of birth is 7 / 9 / 1964.

My address is 2800 E Sunrise Blvd, 10e, Fort Lauderdale, FL, 33304, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Broward County, State of FL, on the 29 day of June, 20 .
(month) (year)

Craig E Hershovitz
Digitally signed by Craig E Hershovitz
Date: 2020.06.29 10:58:24 -04'00'

Signature of authorized agent of contracting business entity (Declarant)

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			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)