

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.
 Netsmart Technologies, Inc.
 Overland Park, KS United States

Certificate Number:
 2020-637785

Date Filed:
 06/29/2020

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

Date Acknowledged:

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.
 2020-227

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | N/A | | | |
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5 Check only if there is NO Interested Party.

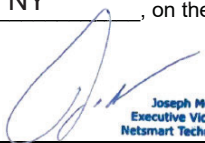
6 UNSWORN DECLARATION

My name is Joseph McGovern, and my date of birth is 08 - 03 - 59.

My address is 3500 Sunrise Highway, Ste. D122, Great River, NY, 11739, US.
(street) (city) (state) (zip code) (country)

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

Executed in Suffolk County, State of NY, on the 29th day of June, 2020.
(month) (year)



Joseph McGovern
 Executive Vice President
 Netsmart Technologies, Inc.

Signature of authorized agent of contracting business entity
 (Declarant)

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2020-227
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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)