

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.
 USRC MISSION, LP
 ELSA, TX United States

Certificate Number:
 2020-683899

Date Filed:
 10/28/2020

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

Date Acknowledged:
 11/09/2020

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.
 E-19-194
 KIDNEY DIALYSIS

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	US RENAL CARE INC.	PLANO, 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)

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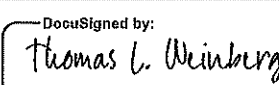
6 UNSWORN DECLARATION

My name is Thomas L. Weinberg, and my date of blrth is 05/25/1965.

My address is 5851 Legacy Circle, Suite 900, Plano, Texas, 75024, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Collin County, State of Texas, on the 10th day of November 2020.
(month) (year)

DocuSigned by:

CB6C10B4387A48E...
 Signature of authorized agent of contracting business entity
 (Declarant)