

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.

Family Medical Center
Edinburg, TX United States

Certificate Number:
2021-786749

Date Filed:
08/04/2021

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

Family Medical Center

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.

Sheriff Contract
Physicals and Urine Drug Screens

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Nasir, Sobia	Edinburg, TX United States	X	X

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Sobia Nasir, and my date of birth is 01/08/1972.

My address is 702 W University Dr, Edinburg, TX, 78539, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 4 day of 8, 2021.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)