

# 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.  
Center for Disease Detection, LLC  
San Antonio, TX United States

Certificate Number:  
2021-820941

Date Filed:  
11/05/2021

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.  
E-21-145  
Laboratory Services

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   |                          |  |                                       |              |
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|   |                          |  |                                       |              |
|   |                          |  |                                       |              |

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is David M. Pryor, III, and my date of birth is 10-04-1964.

My address is Work  
11603 Crosswinds Way Ste 100, San Antonio, TX, 78233, Bexar.  
(street) (city) (state) (zip code) (country)

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

Executed in Bexar County, State of TX, on the 5th day of November, 2021.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)