

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:
2022-902187

Date Filed:
06/22/2022

Date Acknowledged:

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

USRC MISSION LP
Mission, 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 Sherrif's Office

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

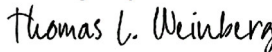
My name is Thomas L. Weinberg, and my date of birth is May 25, 1965.

My address is 6429 LAVENDALE AVENUE, DALLAS, TX, 75230, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct. 22 June 2022 | 9:33 AM PDT

Executed in COLLIN County, State of TEXAS, on the 22ND day of JUNE, 2022.
(month) (year)

DocuSigned by:



CB5C10B4387A48E...

Signature of authorized agent of contracting business entity
(Declarant)

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	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)