

**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:**  
2022-902184

**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 EDINBURG, LP  
EDINBURG, 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**

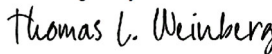
My name is Thomas L. Weinberg, and my date of birth is May 25, 1965.

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 or 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)