

# 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.**

Mid-Valley Behavioral Health and Psychological Services  
San Juan , TX United States

Certificate Number:  
2023-1002575

Date Filed:  
04/04/2023

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

Mid-Valley Behavioral Health and Psychological Services

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.**

C20-533B-05-04  
Psychological evaluations

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

5 Check only if there is NO Interested Party.

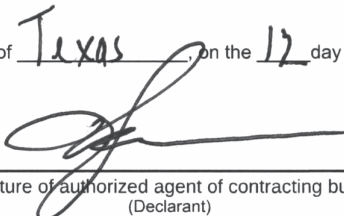
**6 UNSWORN DECLARATION**

My name is Vittorio T. Puente, and my date of birth is 4/21/69.

My address is 700 N. Veterans Blvd. Suite E San Juan TX 79589 Hidalgo  
(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 12 day of April, 2023.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

