

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:
 2023-1000220

Date Filed:
 03/29/2023

Date Acknowledged:

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

CHCT Texas, LLC
 3326 Aspen Grove Dr, Suite 150, TN United States

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

The County of Hidalgo - Hidalgo County Health and Human Services Department

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.

C-21-0480-06-15
 C-21-0480-06-15 - 1st Amendment

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 Timothy L Meyer, and my date of birth is 2/23/1975.

My address is 3326 Aspen Grove Dr. Ste 150, Franklin, TN, 37067, Williamson
(street) (city) (state) (zip code) (country)

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

Executed in Williamson County, State of Tennessee, on the 30th day of March, 2023.
(month) (year)

Timothy L Meyer
 Signature of authorized agent of contracting business entity
 (Declarant)

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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 _____, 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)