

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:

2024-1122731

Date Filed:

02/12/2024

Date Acknowledged:

03/01/2024

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

Network Sciences, Inc.
AUSTIN, 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 - Health & 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.

24-0029
Software Services for Indigent Health Care System

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gordon, Abram	Austin, TX United States	X	
	Schlett, Anna	Austin, TX United States	X	
	Rodman, Louis	Austin, TX United States	X	
	Bynum, Desmond	Austin, TX United States	X	
	Wise, Rebecca	Austin, TX United States	X	
	Wise, William	Austin, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Abram Gordon, and my date of birth is _____.

My address is 2904 Kodiak Cv, Cedar Park, TX, 78613, USA.
(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 Texas, on the 12 day of February, 2024.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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24-0029-02-14-04
Software Services for Indigent Health Care System

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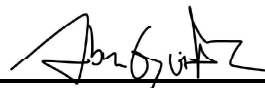
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