

# 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:  
2024-1151958

Date Filed:  
04/24/2024

**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.**  
C-20-553B-05-04  
Psychological Evaluations for Defendants (Competency)

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
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5 Check only if there is NO Interested Party.

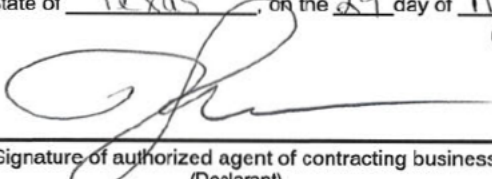
6 UNSWORN DECLARATION

My name is Vittorio T. Puente, and my date of birth is [REDACTED]

My address is 100N. Veterans Blvd Ste F, San Juan, Tx, 78589, USA.  
(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 24 day of April, 2024.  
(month) (year)

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

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San Juan , TX United States

**Certificate Number:**  
2024-1151958

**Date Filed:**  
04/24/2024

**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:**  
04/25/2024

**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-20-553B-05-04  
Psychological Evaluations for Defendants (Competency)

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**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)