CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2026-1488605

Date Filed:
07/14/2026

Date Acknowledged:

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

Clinical Pathology Laboratories, Inc.
Mcallen, 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

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.

26-0043
laboratory diagnostic testing services

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. [X]

6 UNSWORN DECLARATION

My name is Alex R. Estrada, and my date of birth is

My address is 12450 Network Blvd, _____,San Antonio (city) TX, 78249, _____.(state) (zip code) (country)

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

Executed in Bexar, County State of Texas, on the 14 of July, 20__26___.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2026-1488605

Date Filed:
07/14/2026

Date Acknowledged:
07/15/2026

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26-0043
laboratory diagnostic testing services

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. [X]

6 UNSWORN DECLARATION

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

My address is _____, _____, _____, _____, _____.
(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)