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:
2026-1436502

Date Filed:
03/23/2026

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Healthbreak, Inc.
Golden, CO 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.
26-0058
Hidalgo County Wellness Program and Project No. 26-0058

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Lisa Piercey	Golden, CO, US	20	
Taylor Perry	Arlington, VA, US	20	
Spencer Patton	Brentwood, TN, US	30	
Kathy Knudsen	Golden, CO, US	10	
Lauren Fielder	Austin, TX, US	20	

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Lisa Piercey, and my date of birth is [redacted].

My address is 601 16th Street, C-311, Golden (city), TX (state), 80401 (zip code), US (country).

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

Executed in Jefferson County, State of CO, on the 10 day of July (month), 20 26 (year).

Lisa Piercey

Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING

Certificate Number:
2026-1436502

Date Filed:
03/23/2026

Date Acknowledged:
07/10/2026

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Healthbreak, Inc.
Golden, CO United States

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26-0058
Hidalgo County Wellness Program and Project No. 26-0058

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)