

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.

DM Medical Billings
Gibbsboro, NJ United States

Certificate Number:
2016-69965

Date Filed:
06/13/2016

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

Williamson County

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.

13RFP00101
Billing Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mueller, Dina	Voorhees, NJ United States	X	

5 Check only if there is NO Interested Party.

☐

6 AFFIDAVIT

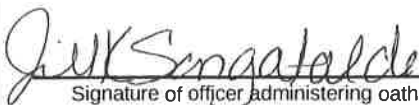
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Jill K. Sangataldo
Notary Public of New Jersey
My Commission Expires
March 2, 2020

AFFIX NOTARY STAMP / SEAL ABOVE


Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Amy Gifford, this the 22nd day of June, 2016, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Jill K. Sangataldo
Printed name of officer administering oath

Notary Public
Title of officer administering oath