

## 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.**

The Healthy Dispatcher LLC  
Los Angeles, CA United States

**Certificate Number:**  
2024-1120262

Date Filed:

02/05/2024

**Date Acknowledged:**

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

Williamson County Purchasing 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.

n/a

Professional training and consulting services

[illegible]

**5 Check only if there is NO Interested Party.**

1

## 6 UNSWORN DECLARATION

My name is Adam Timm, and my date of birth is                     .

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Los Angeles CA [redacted] USA

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

Executed in Los Angeles County, State of California, on the 5th day of Feb, 2024.  
(month) (year)

Signature of authorized agent of contracting business entity  
(Declarant)

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Los Angeles, CA United States

**Certificate Number:**  
2024-1120262

**Date Filed:**  
02/05/2024

**Date Acknowledged:**  
02/06/2024

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Williamson County Purchasing 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.**

n/a  
Professional training and consulting services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Williamson County Purchasing Department	Georgetown, TX United States	X	

**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)