CERTIFICATE OF INTERESTED PARTIES

FORM 1295

F					1 of 1						
L	Complete Nos. 1 - 4 and 6 if there are interested part Complete Nos. 1, 2, 3, 5, and 6 if there are no interest	OFFICE USE ONLY CERTIFICATION OF FILING									
1	Name of business entity filing form, and the city, sof business. Texas Community Supervision Alternatives, LLC		Cer	Certificate Number: 2024-1184816							
	Georgetown, TX United States										
2	Name of governmental entity or state agency that being filed.		Date Filed: 07/08/2024								
	Texas Community Supervision Alternatives, LLC	С	Date	Date Acknowledged:							
3	Provide the identification number used by the gov description of the services, goods, or other proper 2024232 Counseling Services	vernmental entity or state agency to track or iden orty to be provided under the contract.	tify the o	contract, and pro	ovide a						
4	Name of the control o			Nature of interest							
	- Interested Party	City, State, Country (place of bus	siness)								
De	an, Eddy	Georgetown, TX United States	5	X	Intermediary						
	4										
5 (Check only if there is NO Interested Party.]									
, (UNSWORN DECLARATION O										
N	ly name is _	, and my date o	f birth is								
N	ly address is	,			015						
	(cily) (state) (zip code) (country)										
	declare under penalty of perjury that the foregoing is true and correct.										
Е	xecuted in Williamsan	County, State of, on the	8 da	ay of JUly	_, 20 <u>24</u> .						
		12.4	//		(7001)						
		Signature of authorized agent of cor (Declarant)	ntracting	business entity							
rm	s provided by Texas Ethics Commission	www.ethics.state.tx.us		Version V4	1.0.d378aha0						

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

						1 of 1		
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete 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 count of business. Texas Community Supervision Alternatives, LLC Georgetown, TX United States	Certificate Number: 2024-1184816 Date Filed:						
2	Name of governmental entity or state agency that is a party to the being filed. Texas Community Supervision Alternatives, LLC	07/08/2024 Date Acknowledged: 07/08/2024						
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 2024232 Counseling Services			the contra	act, and prov	ride a		
4	Name of Interested Party	City, State, Country	City, State, Country (place of business)		Nature of interest (check applicable) Controlling Intermediary		ary	
De	ean, Eddy	Georgetown, TX United States					.,	
_								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of birth i						
	My address is(street)	,(city)		ate) ((zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCount	ity, State of	, on the _	day o	of(month)	, 20 (year)	•	
	Signature of authorized agent of contracting business entity (Declarant)							