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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1191155							
	HEB Pharmacy	202	2024-1191155							
	Austin, TX United States	·								
2	Name of governmental entity or state agency that is a party to the	07/2	07/23/2024							
	being filed.			Date Acknowledged:						
	Williamson County of Texas		07/24/2024							
Ļ	Dravide the identification number used by the governmental enti-									
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.									
	Contract # 2024239 Flu Shots									
	Fig Silots									
4				Nature of interest						
-	Name of Interested Party City, State, Country (place)		usiness)	(check ap						
				Controlling	Intermediary					
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)	,	,(zip code)	, (country)					
	(Street)	(City)	(siale)	(zip code)	(country)					
	I declare under penalty of perjury that the foregoing is true and correc									
	Executed inCounty	v. State ofon	the	day of	. 20					
		,,, 011		(month)	, <u>20</u> . (year)					
	Signature of authorized agent of contracting business entity (Declarant)									

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	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certi	Certificate Number: 2024-1191155				
	HEB Pharmacy			2024	-1191155				
	tin, TX United States				Date Filed:				
2	Name of governmental entity or state agency that is a party t	party to the contract for which the form is			07/23/2024				
	being filed. Williamson County of Texas			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.								
	Contract # 2024239								
	Flu Shots								
_					Nature of interest				
4	Name of Interested Party City, State, Country (place of busing		ısiness)	(check applicable)					
					Controlling	Intermediary			
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is		, and my date	e of birth is	,	<u> </u>			
	My address is	Au	stin	TX	78750	USA			
	(street)		(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and co	orrect							
	Travis		Toyas	10	July	24			
	Executed inCo	ounty, State of _	Texas, on	the	day of(month)	, 20 <u></u> . (year)			
		المالم	Pan		(mond)	(yeai)			
		Signature	e of authorized agent of	contracting	g business entity				
		5	(Declarant)	•	-				