CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

			OFFICE LISE	ONLY		
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			
Name of business entity filing form, and the city, state and co	Certificate Number: 2024-1201467					
Todd C. Harris, DDS	e i elle de					
AUSTIN TX United States			Date Filed: 08/15/2024			
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			Date Acknowledged:			
Other						
Provide the identification number used by the governmental description of the services, goods, or other property to be p	entity or state agency to track or identife rovided under the contract.	y the co	ontract, and prov	ride a		
2024254 Dental Services						
				Nature of interest		
Name of Interested Party	City, State, Country (place of busi	iness)	s) (check applicable)			
Maine of file ested Party			Controlling	Intermediary		
				y		

1 15 shows in NO Intersected Party						
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION		طامنا کے	in			
My name is	, and my date	OT DITU	is	~~~		
My address		(state)	(zin code)	(country)		
(street)	(city)	(State)	(z.p ooto)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I declare under penalty of perjury that the foregoing is true an	d correct.					
Executed in	_County, State of, on	the	day of(mont	, 20, h) (year)		
	-1.		(III)	Assil		
	Thans!	oontroo	ting hueinges anti	tv		
	Signature of authorized agent of (Declarant)	CONTRAC	ung business end	•)		

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.			Certificate Number: 2024-1201467					
	Todd C. Harris, DDS		202-	4-1201407					
	AUSTIN, TX United States		Date	Filed:					
2	Name of governmental entity or state agency that is a party to the contract for which the form is			08/15/2024					
	being filed. Other	Date	Date Acknowledged:						
	Other			15/2024					
3	Provide the identification number used by the governmental enti-	ty or state agency to track or identi			ride a				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.								
	2024254								
	Dental Services								
_		<u> </u>		Nature of	interest				
4	Name of Interested Party City, State, Country (place of bus		iness)	(check applicable)					
			,	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)		,	(zip code)	(country)				
	(อและเ)	(Gity)	(State)	(Zip code)	(COurilly)				
	I declare under penalty of perjury that the foregoing is true and correct	xt.							
	Executed inCounty	y, State of, on th	e	_day of	, 20				
				(month)	(year)				
	Signature of authorized agent of contracting business entity								
1	(Declarant)								