CERTIFICATE OF INTERESTED PARTIES

FORM 1295

	Ti and the second secon				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	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number:					
	FAMILY HOSPITAL MANAGEMENT COMPANY LLC		2024-1213291						
	AUSTIN, TX United States				Date Filed:				
2	Name of governmental entity or state agency that is a party to th	ame of governmental entity or state agency that is a party to the contract for which the form is			09/11/2024				
	being filed.				Data Asknowledged				
	WILLIAMSON COUNTY			Date Acknowledged:					
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ntity or state agency to track or identify the contract, and provide a vided under the contract.							
	24RFSQ61 JAIL INMATE MEDICAL SERVICES AND PSYCHOLOGICAL SERVICES								
4				Nature o	f interest				
165	Name of Interested Party	City, State, Country (place of business)		(check ap					
		Proceedings of the Control of the Co		Controlling	Intermediary				
FA	MILY HOSPITAL MANAGEMENT COMPANY LLC	AUSTIN, TX United States		Х					
5 Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION								
	My name is, and my date of birth is								
	My address is US								
	My address is								
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in WILLIAMSON County, State of TEXAS, on the 11 day of 9, 20 24.								
	(month) (year)								
	Signature of authorized agent of contracting business entity (Declarant)								

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	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 country of the business entity's place			Certificate Number:					
	of business. FAMILY HOSPITAL MANAGEMENT COMPANY LLC		202	24-1213291					
	AUSTIN, TX United States		Date	e Filed:					
2	Name of governmental entity or state agency that is a party to the	09/1	09/11/2024						
	being filed. WILLIAMSON COUNTY			e Acknowledged:					
			09/13/2024						
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.								
	24RFSQ61 JAIL INMATE MEDICAL SERVICES AND PSYCHOLOGICAL	. SERVICES							
4	Name of lateral and Barton	Oite Otata Occuptor (alexa of la	:	Nature of interest (check applicable)					
	Name of Interested Party	City, State, Country (place of business)		Controlling	Intermediary				
F	AMILY HOSPITAL MANAGEMENT COMPANY LLC	AUSTIN, TX United States		X					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	ly 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	t.							
	Executed inCounty	, State of, on	the	_day of	, 20				
				(month)	(year)				
		Signature of authorized agent of (Declarant)	f contractir	ng business entity					