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: 2025-1278440			
	Ghulam Khan MD.				1		
	Round Rock, TX United States		Date l	Filed:			
2		ne contract for which the form is	03/06/2025				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.						
	Williamson county			Date Acknowledged:			
			<u> </u>				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	ride a		
	2025174						
	Professional services agreement for psychiatric medical services at Williamson county jail						
4			Nature of interest				
4	Name of Interested Party	City, State, Country (place of bus		(check ap	plicable)		
				Controlling	Intermediary		
			-				
_							
_							
_							
_	Charles who if the one is NO Intercepted Ports						
n	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION	_					
	My name is	, and my date of	birth is		,		
					wilco.		
	My address is		, ,		11/0		
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in NI (Lamson Count	ty, State of, on the	6th c	day of Murch	., 20 25.		
		17.		(month)	(year)		
	Executed in Nilliamson County, State of Tx, on the 6th day of March, 2025. (month) (year)						
	Signature of authorized agent of contracting business entity (Declarant)						

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011			
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	Ghulam Khan MD.		202	3-12/04-0				
	Round Rock, TX United States		Date	e Filed:				
2		lame of governmental entity or state agency that is a party to the contract for which the form is			03/06/2025			
_	being filed.							
	Villiamson county			Date Acknowledged: 03/06/2025				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ify the c	contract, and prov	ride a			
	2025174 Professional services agreement for psychiatric medical servi	ices at Williamson county jail						
	Nature of interest							
4	Name of Interested Party City, State, Country (place of busin		siness)	(check ap				
			,	Controlling Intermediary				
	-			1 00				
	-							
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	UNSWORK DESERVATION							
	My name is	, and my date of birth is						
	My address is(street)	(city)	, (state)	, (zip code)	, (country)			
	• •		(0:0:2)	(- /	(000.1),			
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inCounty	y, State of, on the	ne	day of, 20				
				(month)	(year)			
	Signature of authorized agent of contracting business entity							
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