

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.

Twisted Cheer Company
Alice, TX United States

Certificate Number:
2016-60019

Date Filed:
05/23/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Corpus Christi Health Department

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.

735
Mend Childhood Obesity Program

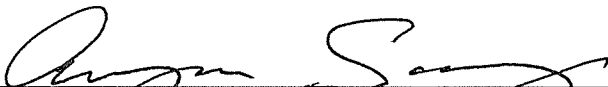
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



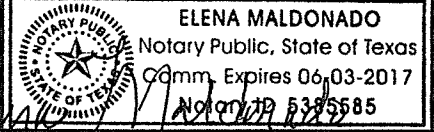
6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.


Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anyssa Sanchez, this the 23rd day of May, 20 16, to certify which, witness my hand and seal of office.


Signature of officer administering oath: Elena Maldonado
Printed name of officer administering oath: Elena Maldonado
Title of officer administering oath: Notary Public