CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	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 of business.	Certificate Number:			
	Advanced Cheer & Athletics, LLC		2016-60803		
	Corpus Christi, 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		05/24/2016		
	being filed. Health and Human Services Commission, 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.				
	698				
	Mend Childhood obesity program				
-			Nature of interest		
4	Name of Interested Party City, State, Country (place of busin		ess) (check applicable)		
L			Controlling	Intermediary	
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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.				
	DINA L CHAVEZ My Commission Expires				
	January 21, 2018				
	Signature of authorized agent of contracting business entity				
AFFIX NOTARY STAMP / SEAL ABOVE					
	A . \$				
Sworn to and subscribed before me, by the said Christia M. Velazquez, this the 24th day of Manager and to certify which, witness my hand and seal of office.				May.	
				المغمم	
				AVEZ	
My Comprission (C)				n Expires	
Wind L. Chauez Mary Jan William Willia					
	Signature of officer administring oath Printed name of officer administering oath				