

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.
BHCNC
Corpus Christi , TX United States

Certificate Number:
2016-33216

Date Filed:
03/31/2016

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

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 goods or services to be provided under the contract.
15/16BehavioralHealthServices
contribution

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.



Diane Lawrence
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diane Lawrence, this the 31 day of March, 2016, to certify which, witness my hand and seal of office.

Stefanie Zivotofsky
Signature of officer administering oath

Stefanie Zivotofsky
Printed name of officer administering oath

Admin Assist II
Title of officer administering oath

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. The Ark Assessment Center and Emergency Shelter for Youth Corpus Christi, TX United States	Certificate Number: 2016-21063
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Nueces County	Date Filed: 03/02/2016
Date Acknowledged:	

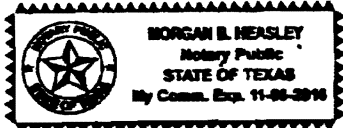
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

2015/2016
 Outside Agency Contract

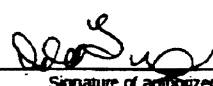
4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

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.



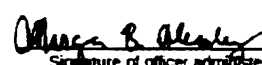
MORGAN B. HEASLEY
 Notary Public
 STATE OF TEXAS
 My Comm. Exp. 11-08-2016



 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DELANE TREJO, this the 3rd day of MARCH, 2016, to certify which, witness my hand and seal of office.



 Signature of officer administering oath

MORGAN B. HEASLEY

 Printed name of officer administering oath

PERSONAL ASSISTANT

 Title of officer administering oath