

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.

Guinn Healthcare Technologies, LLC
Patient Declined, TX United States

Certificate Number:
2023-1003457

Date Filed:
04/05/2023

Date Acknowledged:

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

Tarrant County, Texas (Resource Connection)

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.

Guinn 2023
Office Space

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Guinn, James	Fort Worth, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is James Guinn, and my date of birth is 10/02/1949.

My address is 5725 Override Dr, Arlington, TX, 76017, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Tarrant County, State of Texas, on the 6 day of April, 2023.
(month) (year)

James Guinn
James Guinn (Apr 6, 2023 13:38 CDT)

Signature of authorized agent of contracting business entity
(Declarant)