

# 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.**

Mid Cities Women's Clinic  
Euless, TX United States

**Certificate Number:**  
2023-1070803

**Date Filed:**  
09/12/2023

**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

**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.**

2023-0050

Maternal healthcare (ultrasounds, pregnancy tests, STI testing, sexual health counseling) as well as life coaching, parenting education, counseling, and material needs for parents (living essentials)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gregory, Michelle	Euless, TX United States		X

**5 Check only if there is NO Interested Party.**

☐**6 UNSWORN DECLARATION**

My name is Michelle Gregory, and my date of birth is June 28, 1972.

My address is 201 Westpark Way, Euless, TX, 76040, 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 12 day of September, 2023.  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)