## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

						1 07 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.			Certificate Number:			
	EMERGICON LLC				2022-896049		
	Terrell, TX United States				Date Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is			06/07/2022			
	being filed. City of Burleson, TX			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.						
	RFP 2022-010						
	Automated Ambulance Billing, Accounts Receivable, Delinquent Account Collections & Other Services						
4				Nature of interest			
	Name of Interested Party City, State, Country (place of bus		e of busine	ess)	(check applicable)		
					Controlling	Intermediary	
Emergicon, LLC		Terrell, TX United States			Х		
-							
-				-+			
5 Check only if there is NO Interested Party.							
6 UNSWORN DECLARATION							
	My name is, and my date of birth is						
	My address is 15158 FM 916	,MAYPEARL	,TX	<, _	76064	_,USA	
	(street)	(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	xt.					
	Executed in Kaufman Count	y, State ofTEXAS	, on the _	7th_d	ay of _JUNE	, 2022	
					(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)						