

# 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.

Employer Direct Healthcare, LLC  
Dallas, TX United States

Certificate Number:  
2016-119740

Date Filed:  
10/04/2016

Date Acknowledged:

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

The City of Fort Worth

**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.

HRSCD-17-00365485

A narrow network of participating medical service providers, including physicians, hospitals, and other healthcare professionals and facilities.

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.



*Nicole Kalgeropoulos*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Nicole Kalgeropoulos, this the 4 day of October, 2016, to certify which, witness my hand and seal of office.

*Sarah Flume*      Sarah Flume      Notary Public, Controller  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath