CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

Certificate Number:
2016-6385

Date Filed:
01/27/2016

Date Acknowledged:

1 **Name of business entity filing form, and the city, state and country of the business entity's place of business.**

First Aid & Safety of Texas Inc.
Dallas, TX United States

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

Collin County

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.**

2016-139
139,
Automated External Defibrillators

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.** [X]

6 **AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

LAMARCUS KNIGHT
NOTARY PUBLIC, STATE OF TEXAS
MY COMM. EXP. 02/08/2019
NOTARY ID 13010853-2

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lamarcus Knight, this the 27th day of January, 20 16, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Lamarcus Knight
Printed name of officer administering oath

Notary
Title of officer administering oath