

# 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.**  
NAO Global Health LLC  
Houston, TX United States

Certificate Number:  
2018-313765

Date Filed:  
02/14/2018

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

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.**  
IFB No. 2017-074  
Veterinary and Animal Care Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Ayerite, Priscilla	Houston, TX United States	X	

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

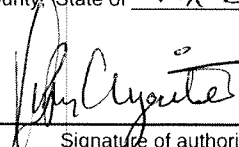
**6 UNSWORN DECLARATION**

My name is Priscilla M Ayerite, and my date of birth is 03/19/1963.

My address is 100 GEMINI, SUITE 230, HOUSTON, TX, 77058, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of Texas, on the 14<sup>th</sup> day of February, 2018.  
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)