

# 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.**

National Medical Services, Inc.  
Willow Grove, PA United States

Certificate Number:  
2018-372248

Date Filed:  
06/25/2018

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

Collin County Medical Examiner's Office

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.**

2015-286  
Testing, Post Mortem Toxicology

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McCaney, Frank	Willow Grove, PA United States	X	
	McCarthy, Neal	Willow Grove, PA United States	X	
	Marian, Rieders	Willow Grove, PA United States	X	
	Cassigneul, Pierre	Willow Grove, PA United States	X	
	Rieders, Michael	Willow Grove, PA United States	X	
	Rieders, Maria	Willow Grove, PA United States	X	
	Rieders, Eric	Willow Grove, PA United States	X	

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

**6 UNSWORN DECLARATION**

My name is Andrew Nolan, and my date of birth is [REDACTED]

My address is [REDACTED] (street), [REDACTED] (city), [REDACTED] (state), [REDACTED] (zip code), [REDACTED] (country)

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

Executed in Montgomery County, State of Pennsylvania on the    day of June, 2018.  
(month) (year)

[Signature]  
Signature of authorized agent of contracting business entity  
(Declarant)