

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
Name of business entity filing form, and the city, state and country of the business entity's place of business. Merck Animal Health Madison, NJ United States	CERTIFICATION OF FILING Certificate Number: 2018-372076 Date Filed: 06/25/2018 Date Acknowledged:
Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County Animal Services	

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

Supplies: Veterinary and Animal Care

Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Odum, Lauren	Lantana, TX United States		X

Check only if there is NO Interested Party.

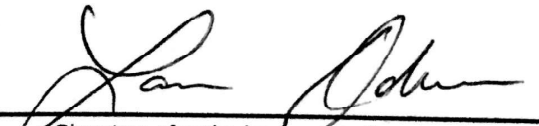
UNSWORN DECLARATION

My name is Lauren Odum, [REDACTED]
[REDACTED]
[REDACTED]

(street) (city) (state) (zip code) (country)

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

Executed in Denton County, State of Texas, on the 25 day of June, 2018.
(month) (year)



 Signature of authorized agent of contracting business entity