

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

Certificate Number:
2018-371492

Date Filed:
06/22/2018

Date Acknowledged:

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

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 services, goods, or other property to be provided under the contract.

IFB 2017-074
Supplies: Veterinary and Animal Care

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
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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

Executed in HARRIS COUNTY County, State of TEXAS, on the 6th day of June, 2018.
(month) (year)

Priscilla M Ayerite
 Signature of authorized agent of contracting business entity
(Declarant)