

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.

Midwest Veterinary Supply, Inc.
Lakeville, MN United States

Certificate Number:
2018-390398

Date Filed:
08/09/2018

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 2017-074
Veterinary Supplies

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.

6 UNSWORN DECLARATION

My name is Jennifer Flickinger [REDACTED]
[REDACTED]

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

Executed in Dakota County, State of MN, on the 9 day of August, 2018.
(month) (year)

Jennifer Flickinger
 Signature of authorized agent of contracting business entity
 (Declarant)