

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:
2019-538703

Date Filed:
09/11/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

C. SPECIALTIES INC.
Indianapolis, IN 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, Texas

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.

2017-074

Supplies: Veterinary & Animal Care

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	C. SPECIALTIES INC.	Indianapolis, IN United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Angela King, and my date of birth is [REDACTED]

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

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

Executed in Marion County, State of Indiana, on the 11 day of Sept, 20
(month) (year)

Angela M King
Signature of authorized agent of contracting business entity
(Declarant)