

# 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:  
2019-537606

Date Filed:  
09/09/2019

Date Acknowledged:

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. dba NMS Labs  
Horsham, PA 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 Medical Examiner's Office

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: Postmortem Toxicology

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

5 Check only if there is NO Interested Party.

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### 6 UNSWORN DECLARATION

My name is Pierre G. Cassigneul, 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 Montgomery County, State of Pennsylvania on the 9<sup>th</sup> day of September, 20 19.  
(month) (year)

Pierre G. Cassigneul

Signature of authorized agent of contracting business entity  
(Declarant)