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	
Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2017-197700	
Merck Animal Health			
Madison, NJ United States		Date Filed: 04/25/2017	
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		Date Acknowledged	l :
Provide the identification number used by the governmental enti	ity or state agency to track or identify	the contract, and pro	ovide a
description of the services, goods, or other property to be provid IFB 2017-074	ded under the contract.		
Veterinary and Animal Care Supplies			
•		Nature o	of interest
Name of Interested Party City, State, Country (place of but			
name of melested raity	City; Sinte, County, (page 1)	Controlling	Intermediary
Lauren , Odum	Lantana, TX United States		×
5 Check only if there is NO Interested Party.		······································	<u> </u>
I Swear, or	affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.
THE TARY PURCE LITTLE	1 1) ,	
		de	
	Standar / C		
287860 A	Signature of authorized agent of conti	racting business entity	
AFFIX NOTARY AND STALOWS OF			
Sworn to and subscribed before me, by the said _ \ \ \ \ \ \ \ \ \ \ \ \ \ \	01	<i>C</i> .	
20, to certify which, witness my hand and seal of office.	this the	Dday of A	Pril
16, 1//			
Simon Aday Brand	ca la		
Signature of object administering oath Printed name of	officer administering eath	Notar,	
Forms provided by Texas Ethics Commission	•	tle of officer administe	ring oath
www.eth	nics.state.tx.us	1	····y oath
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