

# 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.**

NAO Global Health LLC  
Webster, TX United States

Certificate Number:  
2017-196489

Date Filed:  
04/21/2017

Date Acknowledged:

**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 Supplies

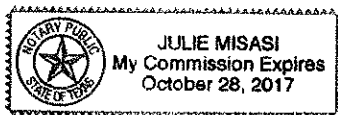
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ayerite, Priscilla	Houston, TX United States	X	

**5 Check only if there is NO Interested Party.**

☐

### 6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*Priscilla M Ayerite*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Priscilla M Ayerite, this the 21<sup>ST</sup> day of April, 2017, to certify which, witness my hand and seal of office.

*Julie Misasi*  
Signature of officer administering oath

Julie Misasi  
Printed name of officer administering oath

Notary  
Title of officer administering oath