

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:
2017-197399

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 Filed:
04/24/2017

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

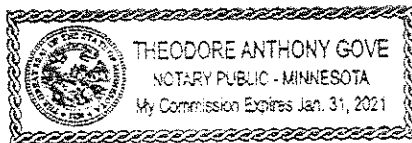
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

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



Jennifer A. Gove
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JENNIFER FLOWERS, this the 24TH day of APRIL, 2017, to certify which, witness my hand and seal of office.

Theodore A. Gove
Signature of officer administering oath

THEODORE A. GOVE
Printed name of officer administering oath

NOTARY
Title of officer administering oath