

# 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.

MWI ANIMAL HEALTH  
Boise, ID United States

Certificate Number:  
2017-203503

Date Filed:  
05/07/2017

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.

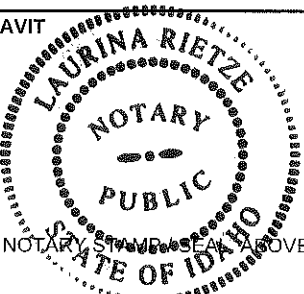
2017-074  
Veterinary and Animal Care Supplies

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|------------------------------------------|------------------------------------------|--------------|
|   |                          |                                          | Controlling                              | Intermediary |
|   | MWI Animal Health        | Boise, ID 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.



AFFIX NOTARY SEAL AND SIGNATURE ABOVE

Carol Howell  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Carol Howell, Pricing Specialist, this the 16<sup>th</sup> day of May, 2017, to certify which, witness my hand and seal of office.

[Signature]  
Signature of officer administering oath

LAURINA RIETZE  
RESIDING AT MERIDIAN IDAHO  
COMMISSION EXPIRES 01/08/2022

Printed name of officer administering oath

Title of officer administering oath