CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2017-203503

Date Filed:
05/07/2017

Date Acknowledged:

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

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 (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.

LAURINA RIETZE NOTARY PUBLIC STATE OF IDAHO

AFFIX NOTARY STAMP/SEAL ABOVE

Carol Howell
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Carol Howell, Pricing Specialist Supervisor, this the 10th day of May, 20 17, to certify which, witness my hand and seal of office.

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

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath