## CERTIFICATE OF INTERESTED PARTIES

FORM **1295** 

1 of 1

| _ |   |  |  |  |              |  |
|---|---|--|--|--|--------------|--|
|   | Complete Nos. 1 - 4 and 6 if there are interested parties.<br>Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.   |  |  | OFFICE USE ONLY<br>CERTIFICATION OF FILING |              |  |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business.  |  |  | Certificate Number:<br>2017-237563         |              |  |
|   | IMS Labs  |  |  | "  |              |  |
|   | Willow Grove, PA United States  |  |  | Date Filed:<br>07/17/2017                  |              |  |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is<br>being filed.   |  |  |  |              |  |
|   | Collin County   |  |  | 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 No. 2015-286<br>Postmortem Toxicology Testing   |  |  |  |              |  |
|   | Nature of interest  |  |  |  |              |  |
| 4 | Name of Interested Party  | City, State, Country (place of business) |  |  |              |  |
|   |   |  |  | Controlling                                | Intermediary |  |
|   |   |  |  |  |              |  |
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| 5 | Check only if there is NO Interested Party.   |  |  |  |              |  |
|   | X   |  |  |  |              |  |
| 6 | AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  |  |  |  |              |  |
|   | COMMONWEALTH OF PENNSYLVANIA  NOTARIAL SEAL KELLY J CILIBERTO Notary Public UPPER MORELAND TWP: MONTGOMERY COUNTY My Commission Expires Nov 17, 2020  Signature of authorized agent of contracting business entity          |  |  |  |              |  |
|   |   |  |  |  |              |  |
|   | Sworn to and subscribed before me, by the said Rac & Cossignal, this the 18 day of 101, to certify which, witness my hand and seal of office.   |  |  |  |              |  |
|   | Signature of difficer administering oath  Printed name of officer administering oath  Signature of difficer administering oath  Signature of difficer administering oath  |  |  |  |              |  |