

## 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.**

Merck Animal Health  
Madison, NJ United States

**Certificate Number:**  
2017-256157

**Date Filed:**  
09/01/2017

**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 Animal Services

**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 2017-074

### Supplies: Veterinary and Animal Care

[illegible]

**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 STAMP / SEAL ABOVE

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Lauren Odum, this the 1<sup>st</sup> day of September 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Justin Locey  
Printed name of officer administering oath

NOTARY

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Title of officer administering oath