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.			Certificate Number: 2017-197399			
	Midwest Veterinary Supply, Inc.						
L	Lakeville, MN United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County			04/24/2017 Date Acknowledged:			
			04/25	5/2017			
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	ded under the contract.					
	Veterinary Supplies						
	(1) 1 1 1 1 1 1 1 1 1	<u> </u>					
4	Name of Interested Party City, State, Country (place of busin		Nature of interest ness) (check applicable)				
	Name of merested Farty			Controlling Intermediary			
-	1115 T. XII. 113			Controlling	memeranary		

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_	William .						
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5	Check only if there is NO Interested Party.						
6		affirm, under penalty of perjury, that the a	above o	disclosure is true	and correct.		
	THEODORE ANTHONY GOVE NOTARY PUBLIC - MINNESOTA						
	My Commission Expires Jan, 31, 2021 Signature of authorized agent of contracting business entity						
	AFFIN NOTADY STAND (SEA) ABOVE						
	AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Stabilities Fuciones , this the 5					day of Server		
	20, to certify which, witness my hand and seal of office.						
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-	Theres	A. GOVE M	07791	ey Publ	<u>e</u>		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							