

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.

NAO Global Health LLC
Webster, TX United States

Certificate Number:
2017-196489

Date Filed:
04/21/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

COLLIN COUNTY

Date Acknowledged:
04/21/2017

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.

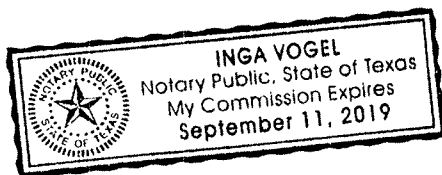
IFB 2017-074
Supplies: Veterinary and Animal Care Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ayerite, Priscilla	Houston, TX 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 STAMP / SEAL ABOVE

Priscilla M Ayerite
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said PRISCILLA M AYERITE, this the 5th day of September, 2017, to certify which, witness my hand and seal of office.

Inga Vogel
Signature of officer administering oath

Inga Vogel
Printed name of officer administering oath

Notary
Title of officer administering oath