

# 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

Certificate Number:  
2017-262900

Date Filed:  
09/20/2017

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  
Supplies: Veterinary and Animal Care

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said PRICING ADMINISTRATIVE ASSISTANT, this the 20 day of SEPTEMBER, 2017, to-wit: which, witness my hand and seal of office.

Kimberly A Wood

Signature of authorized agent of contracting business entity

[Signature]

Signature of officer administering oath

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

Printed name of officer administering oath

NOTARY PUBLIC

Title of officer administering oath