CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011	
	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:		
	Oxford Immunotec, Inc. d/b/a Oxford Diagnostic Laboratories			2017-236052		
	Marlborough, MA United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			07/13/2017		
	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.					
	2017-277 T-Spot testing					
4			Nature of interest			
_	Name of Interested Party	City, State, Country (place of busine			plicable) Intermediary	
_			Conti	olling	intermediary	

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. Signature of authorized agent of contracting business entity					
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Sworn to and subscribed before me, by the said MICHELLE DESMARAIS , this the day of JULY					LY,	
	20 17 , to certify which, witness my hand and seal of office.					
/	ALAN F. HARRINGTON Notary Public, Commonwealth of Massachusetts My Commission Expires on July 09, 2021 Signature of officer administering oath Title of officer administering oath					