

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.
Midwest Veterinary Supply, Inc.
Lakeville, MN United States

Certificate Number:
2018-314722

Date Filed:
02/15/2018

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

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
Veterinary Supply

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Jennifer Flickinger, and my date of birth is 10/26/89

My address is 2467 Holyoke Ave, Lakeville, MN, 55044, USA
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Dakota County, State of MN, on the 15 day of February, 2018
(month) (year)

Jennifer Flickinger
Signature of authorized agent of contracting business entity
(Declarant)