

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:
2019-502835

Date Filed:
06/11/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

VertiQ Software LLC
Morgan Hill, CA 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 Medical Examiner

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.

RFP No. 2015-116
Medical Examiner Case Management System

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 Debbie Dunwoodie, and my date of birth is _____

My address is _____

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

Executed in Santa Clara County, State of CA, on the 11 day of June, 2019.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)