CERTIFICATE OF INTERESTED PARTIES

FORM 1295

3 of 1

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	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	lame of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2019-546709			
	Midwest Veterinary Supply, Inc. Lakeville, MN United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is		10/01/2019			
	peing filed. Collin County		Date Acknowledged:			
3	description of the services, goods, or other property to be provided uno	ate agency to track or identify der the contract.	the co	ntract, and pro	vide a	
	Contract 2017-074 Veterinary Supplies					
4	Name of Interested Party City, State, Country (place of busin		ess)	Nature of interest (check applicable)		
				Controlling	Intermediary	
		Manual III III III III III III III III III I				
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5	×					
6	My name is Jennifer FICKINGER					
	My name is Servered + Tite-Trees	, and my date of t	birth is	<u></u>		
	My address is (street)	(city) (sta	ate)	(zip code)	, (country)	
I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Lako to County, State of M. on the Lay of October, 2019 (year)					
	Lum Trothers					
	Signature of authorized agent of contracting business entity (Declarant)					