

# 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.

Armstrong Forensic Laboratory, Inc.  
Arlington, TX United States

Certificate Number:  
2020-604335

Date Filed:  
04/02/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is 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.

2020-151  
Drug testing and Quantitation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Armstrong, Kay	Arlington, TX United States	X	
	Armstrong, Andrew	Arlington, TX United States	X	
	Armstrong, Marion	Arlington, TX United States		X
	Armstrong, Benjamin	Arlington, TX United States		X

5 Check only if there is NO Interested Party. ☐

### 6 UNSWORN DECLARATION

My name is Benjamin Armstrong, and my date of birth is [REDACTED].

My address is [REDACTED]

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

Executed in Tarrant County, State of Texas, on the 2 day of April, 2020.  
(month) (year)

Benjamin Armstrong  
Signature of authorized agent of contracting business entity  
(Declarant)