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. Phoenix Trading, Inc. DBA Amercare Products, Inc. Woodinville, WA United States			Certificate Number: 2020-613374 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County Office of the Purchasing Agent			04/29/2020 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. IFB 2019-188 Jail and Personal Inmate Supplies					
4	Name of Interested Party	City, State, Country (place of business)		Nature of interest (check applicable) Controlling Intermediary		
He	emming, Wendy	Seattle, WA United States		Х	intermediary.	
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
	My name is, and my date of birth is					
	My address is(street)	(city) (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in					
	- Cymi Megu					
	Signature of authorized agent of contracting business entity (Declarant)					