

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.
 Control Solutions, Inc.
 SAINT HELENS, OR United States

Certificate Number:
 2020-624435

Date Filed:
 05/27/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Collin County Purchasing

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.
 2020-298
 VFC400 Vaccine Monitoring Data Logger Kit

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Balboa Instruments	Costa Mesa, CA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Kevin Wick, and my date of birth is [REDACTED].

My address is [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED].
(street) (city) (state) (zip code) (country)

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

Executed in Columbia County, State of Oregon, on the 27 day of May, 2020.
(month) (year)

Kevin Wick

 Signature of authorized agent of contracting business entity
 (Declarant)