CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					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.			Certificate Number: 2020-671528		
	ILSBEE FORD					
	Silsbee, TX United States		Date Filed:			
2	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed.		09/24/2020			
	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.					
	Vehicle, PI SUV for Health Care					
4	Name of the state	Situ State Service (1)	Nature of interest			
	Name of Interested Party	City, State, Country (place of business)		(check applicable)		
DONALSON, DREW		SILSBEE, TX United States		X X	Intermediary	
			\dashv			
5 Check only if there is NO Interested Party.						
	UNSWORN DECLARATION			7)	100	
	My name is, and my date of birth is					
	My address is	(Gity) (Sie	ate)	(ZIP COOE)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in					
	The Kenn					
	Signature of authorized adenu of contracting business entity (Declarant)					