CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

							1 01 1	
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete 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. Intervet Inc., DBA Merck Animal Health Madison, NJ United States				Certificate Number:			
					2020-680193			
					Date Filed:			
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed. Collin County Animal Service				10/19/2020 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 2020-244 IFB 2020-244, Veterinary and Animal Care Supplies							
4	Name of Interested Party City, State, Country (place of				Nature of interest			
			place of busin	ess)	(check ap	plicable) Intermediary		
Rick, Toth			Austin, TX United States			Controlling	Х	
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Kendal Sherrill		, 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 Denton	_County,	State of Texas	, on the	19			
						(month)	(year)	
	_		Kendal Sherrill					
			Signature of authorized agent of contracting business entity (Declarant)					