

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

Certificate Number:
2020-680583

Date Filed:
10/20/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
C. SPECIALTIES INC.
Indianapolis, IN United States

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

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.
2020-244
Veterinary and Animal Care Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	C. SPECIALTIES INC.	Indianapolis , IN United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jill Morris, and my date of birth is [REDACTED].

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

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

Executed in Marion County, State of Indiana, on the 17 day of October, 2020.
(month) (year)

Jill Morris
Signature of authorized agent of contracting business entity
(Declarant)