CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

				1011	
	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.		Certificate Number: 2020-680237		
	Medco Supply Company		2020-080237		
	Amherst, NY United States		Date Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is being filed.		10/19/2020		
	Collin County Purchasing		Date Acknowledged:		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	the contract, and p	rovide a		
	2020-244				
	Veterinary and Animal Care Supplies				
4	Name of Interested Party City, State, Country (place of but			Nature of interest	
			·	applicable)	
			Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	name is, and my date of birth is				
	My address is _		_, _		
	(street)	(city) (st	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCount	y, State of <u>NEW YORK</u> , on the	19th day of Octo		
		Stephen U	•	,	
	Signature of authorized agent of contracting business entity (Declarant)				