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 of business.	g form, and the city, state	the city, state and country of the business entity's place					Certificate Number:					
		onlight Medical Supplies & Equipment LLC						2020-683815					
	ichardson, TX United States						Date Filed:						
2		ntity or state agency that is a party to the contract for which the form is						10/28/2020					
	being filed. 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.												
	2020-289												
	Supplies, Medical Personal	Protective Equipment (PPE)										
4				1				Nature of interest					
	Name of Interested Party			City, State, Country (place of busin			ess) -		(check applicable) Controlling Intermedian				
								Contro	olling	interm	ediary		
_	Check only if there is NO Inte	rected Party											
J	Check only if there is NO life	X											
6	UNSWORN DECLARATION												
	My name is	_LipengXue_			, and m	y date of b	irth is						
	My address is												
	wy address is												
	I declare under penalty of perju	ry that the foregoing is true	e and correc	et.									
					State of, on the _			00 1 7 0 1 0000					
	Executed in	Collin	County, \$	State of	l exas	_, on the	28	day of _	Octobe (month)		<u>)20</u> . _′ ear)		
					<i>C1</i>	V							
		Lípeng Xue											
		Signature of authorized agent of contracting business entity (Declarant)											