

# 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:  
 2020-682951

Date Filed:  
 10/27/2020

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Aviationy LLC dba My Medical  
 Rockbridge Baths, VA 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

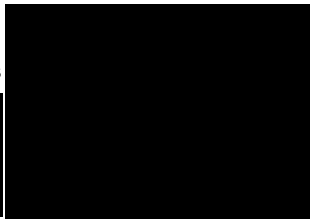
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**


2020-289  
 Supplies, Medical Personal Protective Equipment (PPE)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Joshua, Moffett	Rockbridge Baths, VA United	X	

5 Check only if there is NO Interested Party.


**6 UNSWORN DECLARATION**

My name is Joshua Moffett, and my date of birth is 

My address is 

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

Executed in Rockbridge County, State of Virginia, on the 27 day of October, 2020.  
(month) (year)

  
 \_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)