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			
ı	Name of business entity filing form, and the city, state and count	Certificate Number:			
	of business.	2020-682983			
	PYRAMID SCHOOL PRODUCTS				
_	Tampa, FL United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	10/27/2020			
	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.				
	BID #2020-289 SUPPLIES, MEDICAL PERSONAL PROTECTIVE EQUIPMENT (PPE)				
,			Nature of interest		
•	Name of Interested Party	City, State, Country (place of busine	ess) (check		
			Controlling	Intermediary	
ΛI	LLER, LARRY	TAMPA, FL United States	×		
4 1	LLER, KENNETH	TAMPA, FL United States	X		
6 Check only if there is NO Interested Party.					
•	UNSWORN DECLARATION				
	My name is, and my date of birth is				
	My address is				
I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty	FL 27tl y, State of, on the _	day of	, 20	
		Veryer DA	(mont	h) (year)	
		Signature of authorized agent of con (Declarant)	tracting business enti	ty	