

# 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:  
2020-683409

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.

Stalwart Medical Solutions LLC  
Glen Allen, 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
	Stalwart Medical Solutions LLC	Glen Allen, VA United States	X	

5 Check only if there is NO Interested Party.


### 6 UNSWORN DECLARATION

My name is Ken Starr, and my date of birth is 

My address is 

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

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

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