

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:
2020-684399

Date Filed:
10/29/2020

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Texas Medical Center Supply, LLC
Houston, TX 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 Purchasing

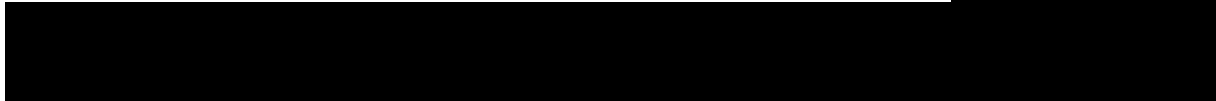
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2020-289
Supplies, Medical Personal Protective Equipment (PPE)

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Mosfor, Revital	Houston, TX United States		X
	Marcela Grosu, Roxana	Houston, TX United States		X
	Menin, Dimitri	Houston, TX United States	X	
	Shafran, Omri	Houston, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Judy Grant, and my date of birth is .

My address is .

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

Executed in Harris County, State of TX, on the 29 day of October, 2020.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)