

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 form, and the city, state and country of the business entity's place of business.

US Health Express Corp
 City of Industry, CA United States

Certificate Number:
 2020-682895

Date Filed:
 10/26/2020

2 Name of governmental entity or state agency that is a party to the contract for which the form is 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.

IFB 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
	Beijing Haoyaoshi Pharmacy Chain Co., Ltd.	Beijing Beijing China	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is JIANPING LIU, and my date of birth is 

My address is 

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

Executed in DuPage County, State of IL, on the 26 day of October, 2020.
 (month) (year)


 Signature of authorized agent of contracting business entity
 (Declarant)