

# 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.**  
vastmed, llc  
Grand Prairie, TX United States

**Certificate Number:**  
2020-683755

**Date Filed:**  
10/28/2020

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
COLLIN COUNTY

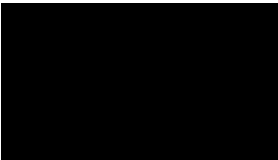
**Date Acknowledged:**

**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.**  
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

**5 Check only if there is NO Interested Party.**

### 6 UNSWORN DECLARATION

My name is TONY DRASSIOU, and my date of birth is 

My address is 

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

Executed in TARRANT COUNTY County, State of TEXAS, on the 28TH day of OCT, 2020.  
(month) (year)

TONY DRASSIOU  
Signature of authorized agent of contracting business entity  
(Declarant)