	ERTIFICATE 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		
14	iame of business entity filing form, and the city, state and country of the business entity's place if trusiness. funicipal Emergency Services Inc.			Certificate Number: 2020-694212		
N	Houston, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filled. Collin County			Date Filed: 12/01/2020 Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid IFB 2020-186 Safety Wear Safety Wear	ity or state agency to track or identified under the contract.	y the co	ontract, and pro	vide a	
4	Name of Interested Party City, State, Country (place of busin			Nature of interest		
			ness)	(check applicable) Controlling Intermediary		
				Controlling	intermediary	
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-						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Todd Morgan	, and my date of	birth is			
	My address is (street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct. Executed in					
	Signature of authorized agent of contracting business entity (Declarant) (month) (year)					