

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.
Armstrong Forensic Laboratory, Inc.
Arlington, TX United States

Certificate Number:
2021-722959

Date Filed:
03/03/2021

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

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.
2020-151
Analytical Testing

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Armstrong, Benjamin	Arlington, TX United States		X
	Armstrong, Marion	Arlington, TX United States		X
	Armstrong, Andrew	Arlington, TX United States	X	
	Armstrong, Kay	Arlington, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Ben Armstrong, and my date of birth is [REDACTED]

My address is [REDACTED]

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

Executed in Tarrant County, State of Texas, on the 3 day of 03, 2021.
(month) (year)

[Signature]
Signature of authorized agent of contracting business entity (Declarant)