

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:
2021-721974

Date Filed:
03/02/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
National Medical Services, Inc. dba NMS Labs
Horsham, PA 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 Medical Examiner's Office

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.
2020-140
Postmortem Toxicology Testing

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McCaney, Frank	Horsham, PA United States	X	
	McCarthy, Neal	Horsham, PA United States	X	
	Rieders, Nick	Horsham, PA United States	X	
	Cassigneul, Pierre	Horsham, PA United States	X	
	Monahan, Dan	Horsham, PA United States	X	
	Rieders, Maria	Horsham, PA United States	X	
	Rieders, Marian	Horsham, PA United States	X	
	Rieders, Eric	Horsham, PA United States	X	
	Rieders, Michael	Horsham, PA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Dan Monahan, and my date of birth is [REDACTED] 1.

My address is [REDACTED] (street), [REDACTED] (city), [REDACTED] (state), [REDACTED] (zip code), [REDACTED] (country).

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

Executed in Montgomery County, State of Pennsylvania, on the 2 day of March, 2021.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)