CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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	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.		Certificate Number: 2022-963903	
2	Arlington, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is		Date Filed: 12/13/2022	
	peing filed. Collin County		Date Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 2020-151 Forensic Testing of Physical Evidence		the contract, and pro	ovide a
4	Name of Interested Party	City, State, Country (place of busin	iness) Nature of interest (check applicable) Controlling Intermediary	
Ar	mstrong, Kay	Arlington, TX United States	X	Intermediary
Ar	mstrong, Andrew	Arlington, TX United States		X
Ar	mstrong, Marion	Arlington, TX United States		×
Ar	mstrong, Michael	Arlington, TX United States		×
Ar	mstrong, Benjamin	Arlington, TX United States		Х
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5	Check only if there is NO Interested Party.			
ô	UNSWORN DECLARATION .			
	My name is Dengamin Armstrong	, and my date of	birth is	-
	My address is (street)	(city) (st	rate) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	et.		
	Executed in County	y, State of WAS, on the	13 day of Dec (month)	, 20 <u>2</u> 2 (year)
	. Section	Su Calm		
		Signature of authorized agent of contracting business entity (Declarant)		