

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.

National Medical Services, Inc. dba NMS Labs
Horsham, PA United States

Certificate Number:

2023-988941

Date Filed:

02/28/2023

Date Acknowledged:

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

Collin County

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.

IFB 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	
	Cassigneul, Pierre	Horsham, PA United States	X	
	Rieders, Maria	Horsham, PA United States	X	
	Rieders, Eric	Horsham, PA United States	X	
	Rieders, Michael	Horsham, PA United States	X	
	Monahan, Dan	Horsham, PA United States	X	
	Rieders, Nick	Horsham, PA United States	X	
	Rieders, Marian	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 .

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

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

Executed in Montgomery County, State of Pennsylvania, on the 28th day of February, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)