CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2024-1119309		
	ichard Wiggins					
	nna , TX United States			Date Filed:		
2	lame of governmental entity or state agency that is a party to the contract for which the form is			02/02/2024		
	ing filed.		Date Acknowledged:			
	collin County			Date Acknowledged.		
3	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract.					
	024-179					
	reparing the body for examination, Collection of toxicology specimens and evidence, X-Rays, Fingerprinting, Performance of the kternal and internal examination, Preparing the body release, Cleaning					
4		Nature of interest				
4	Name of Interested Party	City, State, Country (place of business)		(check applicable)		
				Controlling	Intermediary	
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5	5 Check only if there is NO Interested Party.					
6	6 UNSWORN DECLARATION					
	ty name is Richard Wiggins, and my date of birth is					
١						
	My address is(street)	(city)	state)	(zip code)	(country)	
	I declare under panelly of parium that the foregoing is true and correct					
	Executed in					
	Executed in					
	0.18					
	Signature of authorized agent of contracting business entity					
1	(Declarant)					