

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:
2024-1132018

Date Filed:
03/06/2024

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

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
Forensic Testing of Evidence

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	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 MICHAEL ARMSTRONG, and my date of birth is [REDACTED].

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 TARRANT County, State of TEXAS, on the 6 day of March, 2024.
(month) (year)

Michael Armstrong
Signature of authorized agent of contracting business entity
(Declarant)