CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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	lame of business entity filing form, and the city, state and country of the business entity's place f business.		Certificate Number: 2024-1165278			
	Midwest Veterinary Supply, Inc.		TOT-1100510			
	Lakeville, MN United States		Date Filed:			
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.		05/22/2024			
	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 lescription of the services, goods, or other property to be provided under the contract.					
	024-276					
	/eterinary Pharmaceuticals					
4		Nature of				
	Name of Interested Party City, State,	Name of Interested Party City, State, Country (place of business				
_			-	Controlling	Intermediary	
			-			
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			-			
5 Check only if there is NO Interested Party.						
_						
6	UNSWORN DECLARATION					
	name is LAUVEN FVCOK , and my date of birth is					
	My address is					
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in SCO++ County, State of MINNESOFA, on the 22 day of MOY, 2024. (year)					
	Short Comments					
	Signature of authorized agent of contracting business entity					
	(Declarant)					