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		
of busi	lame of business entity filing form, and the city, state and country of the business entity's place f business.			ficate Number: -1181406		
	nix Supply LLC					
	nington, MN United States		Date F			
2 Name	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County			7/2024		
-				Date Acknowledged:		
3 Provid descri	de the identification number used by the governmental iption of the services, goods, or other property to be p	al entity or state agency to track or identit provided under the contract.	fy the co	ontract, and prov	vide a	
2024-	2024-174					
	and Inmate Personal Supplies					
				Notes	f interest	
4	Name of Interested Party	City, State, Country (place of busin	nesel	11.000000000000000000000000000000000000	f interest oplicable)	
	Name of interested Party	,,)	Controlling	Intermediary	
				Juniy	January	
-						
1 2						
	· ·					
5 Check	ck only if there is NO Interested Party.					
6 UNSV	NORN DECLARATION					
My na	ame is Dan Whes	, and my date o	of birth is	s		
My ac	ddress is (street)		(state)	(zip code)	, (country)	
		(
	lare under penalty of perjury that the foregoing is true and	d correct. _County, State of <i>Minnesota</i> , on th	e 27	day of Tune	20 24	
Exec	cuted in	ordiny, State of Princessa, on the	1	(month)		
		A27/1	1	_ 6/	127/24	
		Signature of authorized agent of co (Declarant)	contractir	ng business entity	У	