## **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.				
1 Name of business entity filing form, and the city, state and country of the business entity's place		ł		0
		2024-118677	/ <b>7</b>	I
Plano, TX United States		Bata Eiladi		l
		Date Filed: 07/12/2024		l
being filed.		017111111111111111111111111111111111111		I
Collin County		Date Acknow!	edged:	,
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.				
2023-176				
Veterinary & Animal Care Supplies				
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Name of Interested Party	City, State, Country (place of busine			
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5 Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is Tanrer Faulkner	and my date of birth is			
My address is				
(street)	(city) (sta	ate) (zip cr	ode)	(country)
I declare under penalty of perjury that the foregoing is true and correct.				
1011		- 1	Ι,	24
Executed in County County	, State of, on the [			, 20 <u>~4</u> j.
	1		(month)	(year)
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	-			
	Signature of authorized agent of contr (Declarant)	racting business	s entity	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of business.  Name of governmental entity or state agency that is a party to the being filed.  Collin County  Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided 2023-1.76  Veterinary & Animal Care Supplies  Name of Interested Party  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Boxes 4 U Inc.  Plano, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Collin County  Provide the identification number used by the governmental entity or state agency to track or identity description of the services, goods, or other property to be provided under the contract.  2023-176  Veterinary & Animal Care Supplies  Name of Interested Party  City, State, Country (place of busine)  Check only if there is NO Interested Party.  UNISWORN DECLARATION  My name is Anree Full Full  My address is (afreet) (city) (state)  (afreet) (city) (state)  Signature of authorigati-fagent of contract.  Signature of authorigati-fagent of contract.	CERTIFICA  Name of business entity filling form, and the city, state and country of the business entity's place of business.  Boxes 4 U Inc.  Plano, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Collin County  Provide the identification number used by the governmental entity or state agency to track or identify the contract, a description of the services, goods, or other property to be provided under the contract.  Veterinary & Animal Care Supplies  Name of interested Party  City, State, Country (place of business)  Name of interested Party  Check only if there is ND Interested Party.  UNSWORN DECLARATION  My name is  Annex Full Lake  (alreet)  (city)  (city)	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business. Boxes 4 Unc.  Boxes 4 Unc.  Plano, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Collin County  Provide the identification number used by the governmental entity or state agency to track or identify the contract, and providescription of the services, goods, or other property to be provided under the contract.  Veterinary & Animal Care Supplies  Name of Interested Party  City, State, Country (place of business)  Atture of (chock ap. Controlling)  Check only if there is NO interested Party.  UNSWORN DECLARATION  My name is Animal Care Supplies  Check only if there is NO interested Party.  Check only if th