

# 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.**  
 Boehringer Ingelheim Animal Health USA Inc.  
 Duluth, GA United States

Certificate Number:  
 2024-1203788

Date Filed:  
 08/21/2024

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

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.**  
 2024-276  
 Veterinary Pharmaceuticals and Supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Boehringer Ingelheim Animal Health International, GmbH	Ingelheim Rhineland Germany	X	

5 Check only if there is NO Interested Party.


**6 UNSWORN DECLARATION**

My name is Mark Bounds, 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 Clarke County, State of GA, on the 21 day of Aug, 2024.  
(month) (year)

  
Mark Bounds  
 Associate Director BI AH USA  
 Signature of authorized agent of contracting business entity (Declarant)