

# 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:**  
2025-1281419

**Date Filed:**  
03/13/2025

**Date Acknowledged:**

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

Collin County Purchasing

**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.**

Contract 2024-276B  
Veterinary Pharmaceuticals

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

5 Check only if there is NO Interested Party.

☐

**6 UNSWORN DECLARATION**

My name is Mark Bounds, and my date of birth is                     .

My address is                     ,                     ,                     ,                     ,                     .  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Clarke County, State of Georgia, on the 13 day of March, 2025.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)