

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**

Certificate Number:
2025-1346458

Date Filed:
08/06/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

National Medical Services, Inc dba NMS Labs
Horsham, PA United States

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

Collin County

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.

2024-188
Postmortem Toxicology

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | Rieders, Eric | Horsham, PA United States | X | |
| | Rieders, Michael | Horsham, PA United States | X | |
| | Delia, David | Horsham, PA United States | X | |
| | Rieders, Maria | Horsham, PA United States | X | |
| | Rieders, Nick | Horsham, PA United States | X | |
| | Cassigneul, Pierre | Horsham, PA United States | X | |
| | McCaney, Frank | Horsham, PA United States | X | |
| | McCarthy, Neal | Horsham, PA United States | X | |
| | | | | |

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Gregory Schuh, and my date of birth is .

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

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

Executed in Montgomery County, State of Pennsylvania, on the 06th day of August, 2025.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)