

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.
Armstrong Forensic Laboratory, Inc.
Arlington, TX United States

Certificate Number:
2026-1449575

Date Filed:
04/17/2026

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

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.
2024-242
Forensic Testing for Controlled Substances

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Armstrong, Marion	Arlington, TX United States	X	
	Armstrong, Michael	Arlington, TX United States	X	
	Armstrong, Kay	Arlington, TX United States	X	
	Armstrong, Ben	Arlington, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Benjamin Armstrong, and my date of birth is [REDACTED]

My address is [REDACTED], [REDACTED] (state), [REDACTED] (zip code), USA (country)

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

Executed in Tarrant County, State of Texas, on the 17 day of April, 2026
(month) (year)

[Signature]
Signature of authorized agent of contracting business entity
(Declarant)