

# 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.

AOSS Medical Supply, LLC  
Monroe, LA United States

Certificate Number:  
2016-91675

Date Filed:  
07/28/2016

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

Hidalgo County WIC Program

Date Acknowledged:  
08/04/2016

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.

C-15-321-11-17  
Medical Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

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**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

*[Signature]*  
 Signature of authorized agent of contracting business entity  
**GREGORY MARVIN WELCH, JR**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Gregory M Welch Jr, this the 4<sup>th</sup> day of August, 2016, to certify which, witness my hand and seal of office.

*[Signature]*  
 Signature of officer administering oath



**RAMONA M PUTNAM**  
 NOTARY PUBLIC NO.017043  
 STATE OF LOUISIANA  
 PARISH OF OUACHITA  
 My Commission is for Life  
 Printed name of officer administering oath Title of officer administering oath