

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.
Correct Rx Pharmacy Services, Inc.
Hanover, MD United States

Certificate Number:
2017-285094

Date Filed:
11/16/2017

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

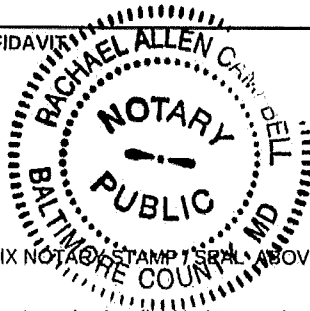
Date Acknowledged:

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.
2018-013
Legend & Non-Legend Pharmaceuticals - Hidalgo County Sheriff's Office

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Tristani, James	Hanover, MD United States		X
	Molofsky, Jill	Hanover, MD United States		X
	Yankellow, Ellen	Hanover, MD United States	X	

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.



Jill Molofsky

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jill R. Molofsky, Vice President, this the 16th day of November, 2017, to certify which, witness my hand and seal of office.

Rachael Allen Campbell Rachael Allen Campbell Notary Public

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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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