

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.
Interboro Packaging Corporation
Montgomery, NY United States

Certificate Number:
2018-305374

Date Filed:
01/24/2018

Date Acknowledged:
03/13/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo 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.
2018-032-02-07-HGO
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 UNSWORN DECLARATION

My name is _____, 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 _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

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Montgomery, NY United States

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Hidalgo County

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2018-032-02-07-HGO
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.



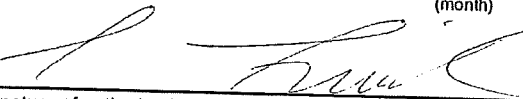
6 UNSWORN DECLARATION

My name is Toby Friedman, and my date of birth is 8/16/59.

My address is 114 Brecken Rd (street), Montgomery (city), ny (state), 12549 (zip code), orange (country).

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

Executed in orange County, State of ny, on the 24 day of Jan, 2018.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

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FORM **1295**

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**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.
4MD Medical Solutions LLC
Lakewood, NJ United States

Certificate Number:
2018-325713

Date Filed:
03/14/2018

Date Acknowledged:
03/14/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo 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.
2018-032-02-07-HGO
Medical

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 UNSWORN DECLARATION

My name is _____, 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 _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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4MD Medical Solutions LLC
Lakewood, NJ United States

Certificate Number:
2018-325713

Date Filed:
03/14/2018

Date Acknowledged:

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Hidalgo County

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2018-032-02-07-HGO
Medical

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			Controlling	Intermediary

5 Check only if there is NO Interested Party.

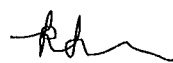
6 UNSWORN DECLARATION

My name is Kate Luria, and my date of birth is 2-9-94

My address is _____, Lakewood NJ 08701
(street) (city) (state) (zip code) (country)

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

Executed in Ocean County, State of NJ, on the 14 day of 03, 2018.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2018-328411

Date Filed:
03/21/2018

Date Acknowledged:
03/21/2018

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

NASHVILLE MEDICAL & EMS PRODUCTS, INC
SPRINGFIELD, TN United States

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

HIDALGO 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.

2018-032-02-07-HGO
MEDICAL SUPPLIES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	SADARANGANI, NARI	SPRINGFIELD, TN United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, 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 _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2018-328411

Date Filed:
03/21/2018

Date Acknowledged:

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

NASHVILLE MEDICAL & EMS PRODUCTS, INC
SPRINGFIELD, TN United States

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

HIDALGO 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.

2018-032-02-07-HGO
MEDICAL SUPPLIES

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
SADARANGANI, NARI	SPRINGFIELD, TN United States	X	

5 Check only if there is NO Interested Party.

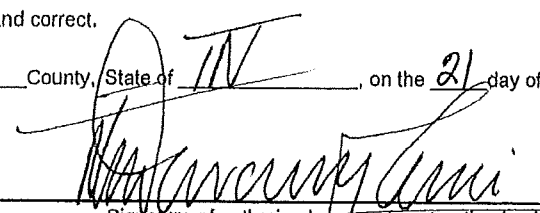
6 UNSWORN DECLARATION

My name is NARI SADARANGANI, and my date of birth is 06/08/1984.

My address is 701 CENTRAL AVE W, SPRINGFIELD TN, 37172 USA
(street) (city) (state) (zip code) (country)

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

Executed in ROBERTSON County, State of TN, on the 21 day of MARCH, 2018.
(month) (year)


Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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Complete Nos. 1 - 4 and 6 if there are interested parties.
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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2018-329270

Date Filed:
03/22/2018

Date Acknowledged:
03/22/2018

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Henry Schein Inc
Melville, NY United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo 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.
2018-032-02-07-HGO
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 UNSWORN DECLARATION

My name is _____, 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 _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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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.
Henry Schein Inc
Melville, NY United States

Certificate Number:
2018-329270

Date Filed:
03/22/2018

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.
2018-032-02-07-HGO
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 UNSWORN DECLARATION

My name is Joanne Viggiano, and my date of birth is PLEASE SEE CORPORATE RESOLUTION

My address is 135 Jurea Road Melville NY 11747 USA
(street) *Corporate Address* (city) (state) (zip code) (country)

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

Executed in Suffolk County, State of NY, on the 22 day of March, 2018.
(month) (year)

Joanne Viggiano
Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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**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.
Emergency Medical Products
Dublin, OH United States

Certificate Number:
2018-326657

Date Filed:
03/16/2018

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:
03/16/2018

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.
2018-032-02-07-HGO
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 UNSWORN DECLARATION

My name is _____, 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 _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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CERTIFICATION OF FILING**

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

Emergency Medical Products
Dublin, OH United States

Certificate Number:
2018-326657

Date Filed:
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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.

2018-032-02-07-HGO
Medical Supplies

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

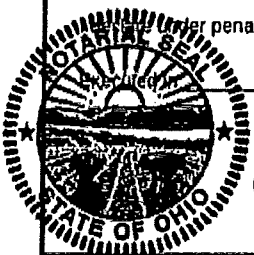
5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Tim Jamison, and my date of birth is 4/5/1987.

My address is 5000 Tuttle Crossing Blvd, Dublin, Ohio, 43016, USA.
(street) (city) (state) (zip code) (country)

Under penalty of perjury that the foregoing is true and correct.



David Zitello II County, State of Ohio, on the 16th day of March, 2018.
(month) (year)

Notary Public, State of Ohio
Commission Expires August 16, 2020

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

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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 filling form, and the city, state and country of the business entity's place of business.
NAO Global Health LLC
Houston, TX United States

Certificate Number:
2018-326044

Date Filed:
03/14/2018

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:
03/14/2018

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2018-032-02-07-HGO
MEDICAL SUPPLIES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Ayerite, Priscilla	Houston, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, 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 _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2018-326044

Date Filed:
03/14/2018

Date Acknowledged:

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Houston, TX United States

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

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2018-032-02-07-HGO
MEDICAL SUPPLIES

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Ayerite, Priscilla	Houston, TX United States	X	

5 Check only if there is NO Interested Party.

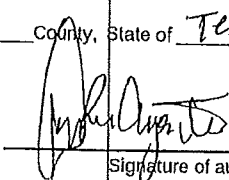
6 UNSWORN DECLARATION

My name is Priscilla M Ayerite and my date of birth is 03-19-1963

My address is 5514 Springstone Court League City Texas 77573 USA
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of Texas, on the 14th day of March, 2018
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)