

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:
2019-524791

Date Filed:
08/02/2019

Date Acknowledged:

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

Sanofi Pasteur Inc.
Swiftwater, 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.

Hidalgo County Health Department

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.

398534
Vaccine

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 Mackenzie Fetterman and my date of birth is 7/23/76

My address is 1 Discovery Drive Swiftwater Pa. 18370 US
(street) (city) (state) (zip code) (country)

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

Executed in Monroe County, State of PA, on the 8 day of August, 2019.
(month) (year)

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal
 AMANDA L. LOIZEAUX
 City of Swiftwater, Monroe County
 My Commission Expires Aug. 14, 2019

Mackenzie Fetterman
 Signature of authorized agent of contracting business entity
 (Declarant)

Amanda L. Loizeaux 8/8/19

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 08/09/2019

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 Vaccine

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)