

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:
2022-963747

Date Filed:
12/12/2022

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

Hidalgo County Sheriff's Office

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.

C-21-171-02-28
21-171-IVS Legend and Non-Legend Pharmaceuticals

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

5 Check only if there is NO Interested Party.

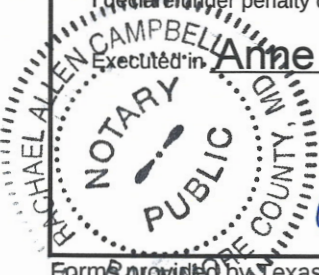
6 UNSWORN DECLARATION

My name is Ellen H. Yankellow, and my date of birth is March 30, 1950.

My address is 823 Hillside Road, Lutherville-Timonium, MD, 21093, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Anne Arundel County, State of Maryland, on the 14th day of December, 2022.
(month) (year)



Rachael Allen Campbell
Apr 10/04/2023

Ellen H. Yankellow
Signature of authorized agent of contracting business entity (Declarant)

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	Yankellow, Martin	Hanover, MD 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)