

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.
Fisher Scientific Company L.L.C.
Pittsburgh, PA United States

Certificate Number:
2023-1058539

Date Filed:
08/11/2023

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

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.

Bid 5320-85-0500-5325-8789-UCP
Real-Time Molecular PCR & Software

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary
Fisher Scientific Company L.L.C.	Pittsburgh, PA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Karen Morton Government Contracts Specialist and my date of birth is April 29, 1957

My address is 300 Industry Drive, Pittsburgh, PA, 15275, USA
(street) (city) (state) (zip code) (country)

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

Executed in Allegheny County, State of Pennsylvania, on the 14th day of August, 2023
(month) (year)

Amy S. Marcucci, Notary Public

Karen Morton

Commonwealth of Pennsylvania - Notary Seal
Amy S. Marcucci, Notary Public
Allegheny County
My commission expires December 16, 2024

Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	Fisher Scientific Company L.L.C.	Pittsburgh, PA 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)