

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:
2023-1015503

Date Filed:

05/03/2023

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

Hildago County Health & Human Services Department

Date Acknowledged:

05/03/2023

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.

Quote No: 5320-85-0500-5000-00
CDBG-CV HC Health Facility Improvements (Purchase of Equipment)

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 _____, 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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FORM 1295

1 of 1

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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.

Certificate Number:
2023-1016603

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

Date Filed:
05/03/2023

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

Date Acknowledged:

Hildago County Health & Human Services 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.

Quote No: 5320-85-0500-5000-00

GDBG-CV:HC Health Facility Improvements (Purchase of Equipment)

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, 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 3rd day of May, 2023.
(month) (year)

Sworn and subscribed before me,
Commonwealth of Pennsylvania - Notary Seal
Dorina L. Beck, Notary Public
Allegheny County
My commission expires July 9, 2023
Commission number 1200780
Member, Pennsylvania Association of Notaries

Dorina L. Beck
Karen Morton
Signature of authorized agent of contracting business entity
(Declarant)