

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.
Cepheid
Sunnyvale, CA United States

Certificate Number:
2024-1249102

Date Filed:
12/13/2024

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 and Human Services

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.
CSQN-00012055 v1.0
Service GX43A2Y, GX-REINST-PM SN#110019960

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Beckman Coulter	Sharon Hill, PA United States	X	

5 Check only if there is NO Interested Party.

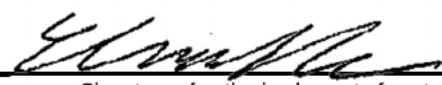
6 UNSWORN DECLARATION

My name is Elmer Ma, and my date of birth is [REDACTED].

My address is 904 Caribbean Drive, Sunnyvale, CA, 94089, Santa Clara
(street) (city) (state) (zip code) (country)

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

Executed in Santa Clara County County, State of California, on the 13 day of Dec, 2024.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

