

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:
 2025-1391450

Date Filed:
 11/19/2025

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

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
 Legend and Non-Legend Pharmaceuticals for the Hidalgo County Sheriff's Office

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	

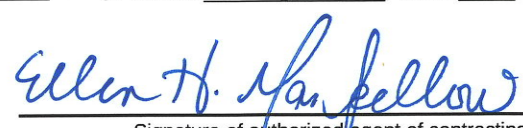
5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION
 My name is Ellen H. Yankellow, and my date of birth is [REDACTED]

My address is 823 Hillside Road, Lutherville, MD, 21093, USA.
(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 19th day of November, 2025.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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C-21-171-02-28
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	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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(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)