

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.

Philips Healthcare
Andover, MA United States

Certificate Number:
2016-48108

Date Filed:
05/02/2016

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

Williamson County EMS

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.

14RFP00212
Automated /External Defibrillators and Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Philips Healthcare	Andover, MA United States	X	

5 Check only if there is NO Interested Party ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Margaret Musella, this the 1 day of May, 2016, to certify which, witness my hand and seal of office.

Susan B. Frank Notary
Signature of officer administering oath Printed name of officer administering oath

Title of officer administering oath