

# 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.**

Midwest Veterinary Supply, Inc.  
Lakeville, MN United States

Certificate Number:  
2016-55129

Date Filed:  
05/13/2016

Date Acknowledged:

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

Williamson County

**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.**

15IFB119  
Commodity-Veterinary Supplies for Williamson County Animal Shelter

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

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.



*Jan Halvorsen*

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Janice Halvorsen, this the 20 day of May, 2016, to certify which, witness my hand and seal of office.

*Elizabeth O'Brien*

Signature of officer administering oath

Elizabeth O'Brien

Printed name of officer administering oath

Notary Public

Title of officer administering oath