

# 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

Certificate Number:  
2016-127535

Date Filed:  
10/21/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Physio-Control, Inc.  
Redmond, WA United States

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

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.

00052315 (PB17T420)  
4yr service plan

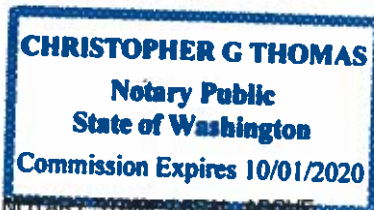
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

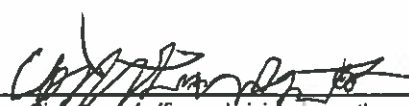
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



  
Camila Carvalho, Contract Analyst  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP TO SEAL ABOVE

Sworn to and subscribed before me, by the said Camila Carvalho, this the 24 day of October, 2016, to certify which, witness my hand and seal of office.

 Christopher G Thomas Notary Public  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath  
Commission date: 10/01/2020