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. Vida Animal Health Digital Corp. Sault Ste Marie ON Canada			Certificate Number: 2024-1124755 Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Williamson County			02/15/2024 Date Acknowledged: 02/16/2024				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 2024136 Vet TeleHealth Service	tity or state agency to ided under the contra	track or identify ct.	the contract, and pro	ovide a			
4	Name of Interested Party	City, State, Country (place of business)		ess) (check a	Nature of interest (check applicable) Controlling Intermediary			
Gandra & Company Ltd.		Sault Ste Marie C	ON Canada	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(street)	(city)		ate) (zip code)	, (country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCoun	ity, State of	, on the _	day of(month)				
	Signature of authorized agent of contracting business entity (Declarant)							

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3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 2024136 Vet TeleHealth Service		dentify the c	ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of	business)	Nature of interest (check applicable) Controlling Intermediary		
Gandra & Company Ltd.		Sault Ste Marie ON Canad	х			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Gilberto Gandra	me is, and my date of birth				
	My address is(street)	(city)	,	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of Michigan, o	on the 16th	day of February (month)	, 20_ 24 (year)	
				(mental)	Godiy	
		Signature of authorized agent (Declarant		g business entity		