## **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 business.	Certificate Numb 2024-1206228	Certificate Number:						
	Pethealth Services (USA) LLC	2024-1200220							
	Chicago, IL United States	Date Filed:							
2	Name of governmental entity or state agency that is a party to the being filed.	08/27/2024							
	Williams County Commissioners Court	s County Commissioners Court				Date Acknowledged: 09/10/2024			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		or identify						
	2024282								
	Petcademy participation								
4	Name of Interested Party City, State, Country (place of busin		Nature of intereses) (check applicab						
				Controllin	Controlling Interme				
					_				
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)	1	ite) (zip code		(country)			
			(Sta	(zip code	,	(country)			
I declare under penalty of perjury that the foregoing is true and correct.									
	Executed inCounty,	State of	, on the _		onth)	, 20 (year)			
				(inc	,	(Jour)			
	Signature of authorized agent of contracting business entity								

	CERTIFICATE OF INTERESTED PAR	FORM <b>1295</b>						
L					1 of 1			
Γ	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 ENTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1206228				
	Pethealth Services (USA) LLC Chicago, IL United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			08/27/2024  Date Acknowledged:				
l	Williams County Commissioners Court		Date	Ackilowieugeu.				
3	description of the services, goods, or other property to be provided under the contract.  2024282							
	Petcademy participation							
4	Name of Interested Party City, State, Country (place of busine			Nature of interest s) (check applicable)				
ı				Controlling	Intermediary			
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5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
Todd Whittington  My name is, and my date of birth is								
l	My address is		<b>_</b>		,			
l	(street)	(city)	(state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	xecuted in, on the 3		3 (	_day of <u>September</u> , 20 <u>24</u> . (month) (year)				
	(	igned by: odd Whittingfon		, ,	** · · · *			
		Signature of authorized agent of co	ntractin	g business entity				