CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	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	lame of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Pethealth Services (USA) LLC			2025-1295575		
	Chicago, IL United States		Date	Filed:		
2	ame of governmental entity or state agency that is a party to the contract for which the form is			04/15/2025		
_	eing filed.					
	Williamson County Regional Animal Shelter			Acknowledged:		
			05/0	05/05/2025		
3	ide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a ription of the services, goods, or other property to be provided under the contract.					
	Agenda Item #22, CC 1.10.23					
	PetPoint and PetPoint Mobile Checkout					
4				Nature of interest		
	Name of Interested Party	City, State, Country (place of business		(check applicable)		
				Controlling	Intermediary	
5	5 Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	fly name is, and my date of birth is					
	My address is					
	(street)	(city) (state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
	Executed inCounty	y, State of, on the		day of	, 20	
				(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)					

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2025-1295575 Pethealth Services (USA) LLC Chicago, IL United States Date Filed: 04/15/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Williamson County Regional Animal Shelter 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. Agenda Item #22, CC 1.10.23 PetPoint and PetPoint Mobile Checkout Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X UNSWORN DECLARATION My name is and my date of birth is My address is (street) (city) (state) (country) (zip code) Province Postal Code I declare under penalty of perjury that the foregoing is true and correct. Petawawa on the day of 25 Executed in County, State of Province Municipality

ങ്ങre of authorized agent of contracting business entity

(Declarant)