CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2026-1472141

Date Filed:
06/04/2026

Date Acknowledged:

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

Bound Tree Medical, LLC
DUBLIN, OH United States

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

North Richland Hills Fire Department

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.

2025-28
EMS Medical Supplies

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. [X]

6 UNSWORN DECLARATION

My name is Rob Meriweather, and my date of birth is [redacted].

My address is 5000 Bradenton Ave., Dublin (city), OH (state), 43017 (zip code), US (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Franklin County, State of Ohio, on the 4th day of June (month), 2026 (year).

Signature of authorized agent of contracting business entity
(Declarant)