

# 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.**

National Medical Services, Inc. dba NMS Labs  
Horsham, PA United States

**Certificate Number:**

2023-1014739

**Date Filed:**

05/02/2023

**Date Acknowledged:**

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

City of North Richland Hills

**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.**

RFP 23-014  
Forensic Lab Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Rieders, Marian	Horsham, PA United States	X	
	Rieders, Nick	Horsham, PA United States	X	
	Monahan, Dan	Horsham, PA United States	X	
	Rieders, Michael	Horsham, PA United States	X	
	Rieders, Eric	Horsham, PA United States	X	
	Rieders, Maria	Horsham, PA United States	X	
	Cassigneul, Pierre	Horsham, PA United States	X	
	McCarthy, Neal	Horsham, PA United States	X	
	McCaney, Frank	Horsham, PA United States	X	

**5 Check only if there is NO Interested Party.**

☐

**6 UNSWORN DECLARATION**

My name is Dan Monahan, and my date of birth is                     .

My address is 200 Welsh Road, Horsham, PA, 19044, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Montgomery County, State of Pennsylvania, on the 02nd day of May, 20 23.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)