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		
Name of business entity filing form, and the city, state and country of the business entity's place of business. Armstrong Forensic Laboratory, Inc. Arlington, TX United States		Certificate Number: 2023-999958 Date Filed:			
Name of governmental entity or state agency that is a particle being filed. North Richland Hills			O3/28/2023 Date Acknowledged:		
3 Provide the identification number used by the government description of the services, goods, or other property to be 23-014 THC Quantitation, Analytical Testing and Consulting S	e provided under the contract.	y the cor	ntract, and pro	vide a	
4 Name of Interested Party	City, State, Country (place of busin	ness)	Nature of interest (check applicable) Controlling Intermediary		
Armstrong, Benjamin	Arlington, TX United States		X	intermediary	
Armstrong, Michael	Arlington, TX United States		×		
Armstrong, Marion	Arlington, TX United States		×		
Armstrong, Andrew	Arlington, TX United States		×		
Armstrong, Kay	Arlington, TX United States		×		
5 Check only if there is NO Interested Party.				-	
UNSWORN DECLARATION			·		
My name is Brigamin Armstrong	, and my date of	birth is			
My address is 330 Lockin Green Toul, (street)	Arlington Tx	7 ate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and	correct.				
Executed in	County, State of, on the	<u>28</u> day	of March (month)	, 20 <u>23</u> . (year)	
←	Banami Grow				
	Signature of authorized agent of con	racting bu	isiness entity		