

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
Willow Grove, PA United States

Certificate Number:
2018-355507

Date Filed:
05/17/2018

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 Police Department

Date Acknowledged:

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.

1000028
Laboratory Testing Services - 2557

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.

6 UNSWORN DECLARATION

My name is Andrew Nolan, and my date of birth is 1-5-61.

My address is 3701 Welsh Road (street), Willow Grove (city), PA (state), 19090 (zip code), USA (country).

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

Executed in Montgomery County, State of Pennsylvania on the ___ day of ___, 20__.



Signature of authorized agent of contracting business entity (Declarant)