

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:
2020-676438

Date Filed:
10/08/2020

Date Acknowledged:

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

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.

17-021
Lab testing

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	McCaney, Frank	Horsham, PA United States	X	
	McCarthy, Neal	Horsham, PA United States	X	
	Rieders, Nick	Horsham, PA United States	X	
	Cassigneul, Pierre	Horsham, PA United States	X	
	Monahan, Dan	Horsham, PA United States	X	
	Rieders, Maria	Horsham, PA United States	X	
	Rieders, Marian	Horsham, PA United States	X	
	Rieders, Eric	Horsham, PA United States	X	
	Rieders, Michael	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 11/14/1981.

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 8 day of October, 20 20.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)