

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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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.  
 Financial Marketing Concepts, Inc./Coast2Coast Rx  
 Ponte Vedra Beach, FL United States

Certificate Number:  
 2016-57109

Date Filed:  
 06/07/2016

Date Acknowledged:  
 8-15-16

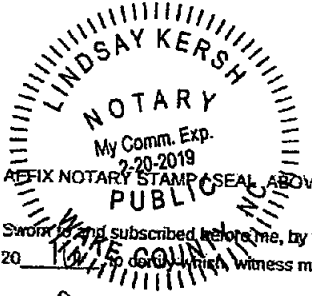
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  
 Wise County

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.  
 Wise County Marketing Contract:  
 free discount prescription card provided to residents of Wise County at no cost to County

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 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



*[Signature]*  
 Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Martin Dittelbach, this the 7th day of August, 2016 in and for said office, witness my hand and seal of office.

*[Signature]* Lindsay Kersh Lindsay Kersh notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath