

# 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**

Certificate Number:  
 2017-257572

Date Filed:  
 09/06/2017

Date Acknowledged:  
 9-11-17

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Obermeyer Biomedical  
 Bedford, TX United States

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

Wise County EMS

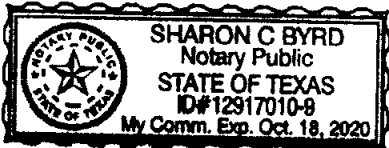
**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

4028  
 AED Service

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Obermeyer, Bryan	Bedford, TX United States	X	

**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.

*Bryan Obermeyer*  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sharon Byrd*, this the *7th* day of *September*, 20*17*, to certify which, witness my hand and seal of office.

*Sharon C Byrd*  
 Signature of officer administering oath

*Sharon Byrd*  
 Printed name of officer administering oath

*AVP*  
 Title of officer administering oath