

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:
2017-257790

Date Filed:
09/07/2017

Date Acknowledged:
9-25-17

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

Physio-Control, Inc.
Redmond, WA 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.

Service Plan DS017341
LP15-OSPMSIRP-1 and LUCAS-OSPMSIRP- as referenced in quote # 00088975 prepared for Wise County EMS.

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]
Camila Carvalho
Bid & Proposal Specialist
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Camila Carvalho, this the 7th day of September 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Suhmin Chern
Printed name of officer administering oath
Bid & Proposal Specialist

Notary Public
Title of officer administering oath