

# 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.	<b>OFFICE USE ONLY</b> <b>CERTIFICATION OF FILING</b> Certificate Number: 2016-116665 Date Filed: 09/26/2016 Date Acknowledged:
<b>1 Name of business entity filing form, and the city, state and country of the business entity's place of business.</b> MWI ANIMAL HEALTH SEBOISE, ID United States	
<b>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</b> Animal Health Commission, Texas	

**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.**  
 6100007421  
 VETERINARY VACCINES, PHARMACEUTICALS AND SUPPLIES FOR ANIMAL CARE SERVICES

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
MWI ANIMAL HEALTH	BOI, ID 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.



Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said person, Darla R Braun, this the 28th day of September 2016, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Darla R Braun      Duchon of Sales  
 Printed name of officer administering oath      Title of officer administering oath