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 Association of EMS Educators
Pittsburgh, PA United States

Certificate Number:
2016-128207

Date Filed:
10/25/2016

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

Date Acknowledged:

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.

*

We will be teaching EMS Educators.

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Fort Bend EMS	Rosenberg, 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.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _Stephen A. Perdziola_, this the _21st_ day of _November_, 20 _16_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath   _Elaine A. Campana_

Title of officer administering oath   _Notary Public_