

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:
2017-191787

Date Filed:
04/12/2017

Date Acknowledged:

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

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

Ft. Bend 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.

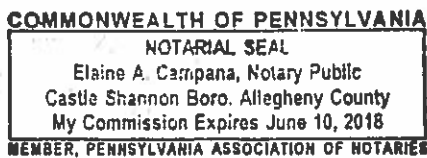
2016-128207
Instructor Course Level 2 Education

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



Stephen A. Perdziola
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 2nd day of May, 2017, to certify which, witness my hand and seal of office.

Elaine A. Campana Elaine A. Campana Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath