CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2020-623754

Date Filed:
05/26/2020

Date Acknowledged:

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

Maddie's Fund
Pleasanton, CA United States

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

Fort Bend County Animal Services

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.

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To formalize their foster program with education, marketing, veterinary care and training.

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. [X]

6 UNSWORN DECLARATION

My name is Amber Eby, and my date of birth is [redacted].

My address is [redacted] (street), [redacted] (city), CA (state), 94588 (zip code), USA (country).

I declare under penalty of perjury that the foregoing is true and correct.

Executed in San Francisco County, State of CA, on the 2 day of June (month), 2020 (year).

Amber Eby

Signature of authorized agent of contracting business entity
(Declarant)