

# 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 Medical Services, Inc dba NMS Labs  
Horsham, PA United States

**Certificate Number:**  
2026-1412522

**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

**Date Filed:**  
01/26/2026

**Date Acknowledged:**  
02/12/2026

**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.**  
MedEx-100126-A1  
First Amendment to Agreement for Forensic Laboratory Testing Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Rieders, Maria	Horsham, PA United States	X	
	Delia, David	Horsham, PA United States	X	
	Cassigneul, Pierre	Horsham, PA United States	X	
	Rieders, Michael	Horsham, PA United States	X	
	Rieders, Eric	Horsham, PA United States	X	
	McCaney, Frank	Horsham, PA United States	X	
	McCarthy, Cornelius	Horsham, PA United States	X	
	Rieders, Nicholas	Horsham, PA United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(city) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)