CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011				
	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.			Certificate Number: 2025-1376626					
	IDEXX Distribution, Inc.		202	.5-13/0020					
	Westbrook, ME United States		Date	e Filed:					
2		overnmental entity or state agency that is a party to the contract for which the form is			10/14/2025				
	being filed.								
	City of Round Rock			Date Acknowledged:					
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and prodescription of the services, goods, or other property to be provided under the contract.									
	0000								
	Water Testing Supplies								
4					f interest				
	Name of Interested Party	City, State, Country (place of busin		<u> </u>					
				Controlling	Intermediary				
		1							
				+					
		+							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is, and my date of birth is								
	My address is One IDEXX Dr	, Westbrook	, ME	04092	USA				
		(city)	(state)	(zip code)	(country)				
I declare under penalty of perjury that the foregoing is true and correct.									
	Executed in Cumberland Count	nty, State of Maine	on the <u>14</u>	-	er _{, 20} 25				
		_	شد	(month)	(year)				
	Const								
	Signature of authorized agent of contracting business entity (Declarant)								

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_	of business.	ry or the business chary a place		5-1376626					
	IDEXX Distribution, Inc.		L.						
Ļ	Westbrook, ME United States			e Filed: 14/2025					
2	Name of governmental entity or state agency that is a party to the being filed.	10/-	10/14/2023						
	City of Round Rock			e Acknowledged:					
			10/3	15/2025					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		ify the o	contract, and prov	vide a				
	0000								
	Water Testing Supplies								
4				Nature of interest					
-	Name of Interested Party City,	City, State, Country (place of bus	siness)	(check ap	· · · · · · · · · · · · · · · · · · ·				
				Controlling	Intermediary				
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION				<u> </u>				
	My name is	, and my date of birth is							
	My address is,,,,,								
	my addi 000 to	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct	xt.							
	Executed inCounty	/, State of , on the	ne	_day of	, 20				
		,		(month)	(year)				
	Signature of authorized agent of contracting business entity (Declarant)								