					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	lame of business entity filing form, and the city, state and country of the business entity's place of business. Tisher Scientific Company LLC		Certificate Number: 2017-207380			
	Pitsburgh, PA United States			Date Filed:		
2	isme of governmental entity or state agency that is a party to the contract for which the form is eing filed.			05/15/2017		
	ity of Corpus Christi		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. quote# \$1790397					
	Quantstudio DX real time PCR Instrument with 96 well fast block					
4	Name of Interested Party City, State, Country (place of busine		Nature of Interest (check applicable)			
			***	Controlling	intermediary	
					100	
5	Check only if there is NO interested Party.					
6	NORMA L RAMEREZ Notary Pupils I swear, or affirm, under penalty of perjuny, that the above disclosure is true and correct. NORMA L RAMEREZ Notary Pupils Signature of authorized agent of contracting business entry AFFOX NOTARY STAMP / SEAL ABOVE Swore to and subscribed before me, by the said Cut Hi author R / R authorized agent of contracting business entry AFFOX NOTARY STAMP / SEAL ABOVE Swore to and subscribed before me, by the said Cut Hi author R / R authorized agent of contracting business entry AFFOX NOTARY STAMP / SEAL ABOVE Swore to and subscribed before me, by the said Cut Hi author R / R authorized agent of contracting business entry AFFOX NOTARY STAMP / SEAL ABOVE Swore to and subscribed before me, by the said Cut Hi author R / R authorized agent of contracting business entry AFFOX NOTARY STAMP / SEAL ABOVE					
	Signature of officer administering path Printed name of officer administering path Tide of officer administering path					

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