

# 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:  
2022-949323

Date Filed:  
10/27/2022

Date Acknowledged:

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

Pro-Tainer, Inc.  
Alexandria, MN United States

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

City of Killeen, Texas

**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.**

03052019  
Recycling Trailers and Equipment

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pro-Tainer, Inc.	Alexandria, MN United States	X	

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

☐


### 6 UNSWORN DECLARATION

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

My address is 1301 36<sup>th</sup> Ave W, Alexandria, MN, 56308 USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Douglas County, State of MN, on the 27 day of Oct, 2022.  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

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Pro-Tainer, Inc.  
Alexandria, MN United States

**Certificate Number:**  
2022-949323

**Date Filed:**  
10/27/2022

**Date Acknowledged:**  
12/07/2022

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03052019  
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			Controlling	Intermediary
	Pro-Tainer, Inc.	Alexandria, MN 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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (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)