CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 **OFFICE USE ONLY** 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2025-1370837 **ZOLL Medical Corporation** Chelmsford, MA United States Date Filed: 09/30/2025 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: KILLEEN FIRE DEPARTMENT 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. Defib9.2025 Defibrillator and related supplies Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х UNSWORN DECLARATION February 17, 1970 and my date of birth is ___ My name is __Kurt Sandstrom__ My address is 269 Mill Road_ _____, ____Chelmsford____ _____, _MA___, __01824___ (state) (city) (zip code) I declare under penalty of perjury that the foregoing is true and correct. _County, State of __MA_____, on the _30th_day of September_ Executed in _____Middlexex____ , 2025

Forms provided by Texas Ethics Commission

Signed by:

kurt Sandstrom

(year)

(month)

Sep 30, 2025
Signature of authorized agent of contracting business entity

(Declarant)



Certificate Of Completion

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Company Name: Zoll Medical

In Person Signer Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Parties agreed to: Kurt Sandstrom

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