CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2025-1370837

Date Filed:
09/30/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
ZOLL Medical Corporation
Chelmsford, MA United States

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

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.
Defib9.2025
Defibrillator and related supplies

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is __Kurt Sandstrom_____, and my date of birth is February 17, 1970.

My address is 269 Mill Road_____, ____Chelmsford_____, _MA__, __01824_____, _USA_____.
(city) (state) (zip code) (country)

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

Executed in _____Middlexex_____County, State of __MA_____, on the _30th_day of September_____, 2025___.
(month) (year)

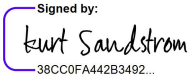
Signed by:
Kurt Sandstrom Sep 30, 2025
58CC0FA442B3492...
Signature of authorized agent of contracting business entity
(Declarant)

Certificate Of Completion

Envelope Id: 23003300-4E62-4EDD-8386-A4658B1B41FB
Status: Completed
Subject: Complete with Docusign: Form 1295 Certificate 101436032 9.30.2025.pdf
Source Envelope:
Document Pages: 1
Signatures: 1
Envelope Originator:
Certificate Pages: 3
Initials: 0
Jody Podgurski
AutoNav: Enabled
jpodgurski@zoll.com
EnvelopeId Stamping: Enabled
IP Address: 67.218.11.44
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Record Tracking

Status: Original
9/30/2025 1:33:01 PM
Holder: Jody Podgurski
jpodgurski@zoll.com
Location: DocuSign

Signer Events	Signature	Timestamp
Kurt Sandstrom ksandstrom@zoll.com VP/General Manager EMS ZOLL Medical Security Level: Email, Account Authentication (None)	Signed by:  38CC0FA442B3492...	Sent: 9/30/2025 1:34:21 PM Viewed: 9/30/2025 2:18:33 PM Signed: 9/30/2025 2:18:57 PM
	Signature Adoption: Pre-selected Style Using IP Address: 67.218.11.44	

Electronic Record and Signature Disclosure:
Accepted: 9/30/2025 2:18:33 PM
ID: ed4a6908-f34f-41f9-bf51-20ae5c1c5f3c
Company Name: Zoll Medical

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/30/2025 1:34:22 PM
Certified Delivered	Security Checked	9/30/2025 2:18:33 PM
Signing Complete	Security Checked	9/30/2025 2:18:57 PM
Completed	Security Checked	9/30/2025 2:18:57 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, ZOLL Medical (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact ZOLL Medical:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: Emily.Sullivan@zoll.com

To advise ZOLL Medical of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at Emily.Sullivan@zoll.com and in the body of such request you must state: your

previous email address, your new email address. We do not require any other information from you to change your email address.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to Emily.Sullivan@zoll.com and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with ZOLL Medical

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to Emily.Sullivan@zoll.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

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- Until or unless you notify ZOLL Medical as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by ZOLL Medical during the course of your relationship with ZOLL Medical.