

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

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Marathon Fitness
Stafford, TX United States

Certificate Number:
2018-400280

Date Filed:
09/05/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Killeen Lions Club Park Senior Center

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.
QT0016090
Fitness equipment & Installation

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.

6 UNSWORN DECLARATION

My name is PAUL CROEGAERT, and my date of birth is MARCH 27, 1964
My address is 2515 Churchills Ferry Richmond, TX 77416 USA
(street) (city) (state) (zip code) (country)

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

Executed in Fort Bend County, State of Texas, on the 6th day of September, 20 18.
(month) (year)

Paul Croegaert
Signature of authorized agent of contracting business entity
(Declarant)

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 CERTIFICATION OF FILING**

Certificate Number:
 2018-400280

Date Filed:
 09/05/2018

Date Acknowledged:
 10/18/2018

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Marathon Fitness
 Stafford, TX 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 Lions Club Park Senior Center

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QT0016090
 Fitness equipment & Installation

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.

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)