

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:
2016-113706

Date Filed:
09/19/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Garver, LLC
Austin, 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.
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.
16181082
Supplemental Agreement No. 3 - ARAC Building Renovation

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | McIlwain, Frank | Austin, TX United States | X | |
| | Holder, Jr. , Jerry | Austin, TX United States | X | |
| | Griffin, Michael | Austin, TX United States | X | |
| | Jones, Steven | Austin, TX United States | X | |
| | Parker, Herbert | Austin, TX United States | X | |
| | Hoskins, Brock | Austin, TX United States | X | |
| | Williams, Daniel | Austin, TX United States | X | |
| | | | | |
| | | | | |

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Frank McIlwain

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Frank McIlwain, this the 19th day of September, 20 16, to certify which, witness my hand and seal of office.

Heather Wootton
Signature of officer administering oath

Heather Wootton
Printed name of officer administering oath

Notary
Title of officer administering oath

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6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath