

# 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:  
2023-1071462

Date Filed:  
09/13/2023

Date Acknowledged:

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

Bound Tree Medical, LLC  
Dublin, OH 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.

704-23  
EMS 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.



## 6 UNSWORN DECLARATION

My name is Christopher Fyffe, and my date of birth is 12/28/1984

My address is 5000 Tuttle Crossing Blvd, Dublin, OH, 43016, USA  
(street) (city) (state) (zip code) (country)

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

Executed in Franklin County, State of OH, on the 13th day of September, 20 23  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

# 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.**

Henry Schein Medical  
Friendswood, TX United States

**Certificate Number:**

2023-1074075

**Date Filed:**

09/20/2023

**Date Acknowledged:**

09/20/2023

**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 FD

**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.**

704-23  
Medical supplies and equipment

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	City of Killeen	Killeen, TX United States		X

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

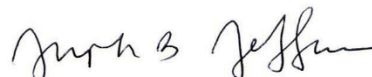
**6 UNSWORN DECLARATION**

My name is Joe Jefferies, and my date of birth is April 17<sup>th</sup> 1965.

My address is 2907 Palmer Drive, Friendswood, Texas, 77546, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Galveston County, State of Texas, on the 20<sup>th</sup> day of September, 2023.  
(month) (year)



Signature of authorized agent of contracting business entity  
(Declarant)