## CERTIFICATE OF INTERESTED PARTIES

FORM **1295** 

1 of 1

=	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CERTIFICATION OF FILING			
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2024-1206105		
	nestar Maintenance & Service Inc.			Doto Filad		
	orena, TX United States			Date Filed: 08/27/2024		
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.					
	City of Killeen			Date Acknowledged:		
_	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a					
3	lescription of the services, goods, or other property to be provided under the contract.					
	24-44					
	Water treatment equipment installation at 3 locations.					
_	Nature of in					
4	Name of Interested Party	City, State, Country (place of business)				
				Controlling	Intermediary	
_						
_						
			-			
		Tr.				
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
	My name is 11 M/1 K0 LW , and my date of birth is 512.63					
	My address is PO Box 519 LOVENA TX, 76655 USA					
	(street) (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in McLundon County, State of Texas, on the 27day of August, 2024 (month) (year)					
	100 10 1/00					
	Signature of authorized agent of contracting business entity					
	(Declarant)					