

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.

Siddons Martin Emergency Group, LLC
HOUSTON, TX United States

Certificate Number:
2022-956564

Date Filed:
11/17/2022

Date Acknowledged:

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

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.

HGAC FS12-19
(2) Pierce Custom Enforcer Pumper, (1) Pierce Custom Velocity Aerial, HD Ladder, (1) Pierce Custom Enforcer Pumper

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Siddons Martin Holding, Inc.	Houston, TX United States	X	

5 Check only if there is NO Interested Party.

☐

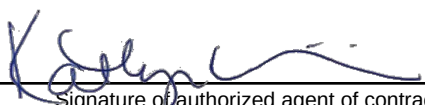
6 UNSWORN DECLARATION

My name is Kathryn Williams, and my date of birth is 05/03/1984.

My address is 1362 E. Richey Rd, Houston, TX, 77073, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of Texas, on the 17th day of November, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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HOUSTON, TX United States

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2022-956564

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Date Acknowledged:
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City of Killeen

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HGAC FS12-19
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	Siddons Martin Holding, Inc.	Houston, TX United States	X	

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6 UNSWORN DECLARATION

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My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

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

Siddons Martin Emergency Group, LLC
HOUSTON, TX United States

Certificate Number:

2022-956546

Date Filed:

11/17/2022

Date Acknowledged:**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

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.

BuyBoard 651-21
Pierce Custom Enforcer Pumper

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Siddons Martin Holding, Inc.	Houston, TX United States	X	

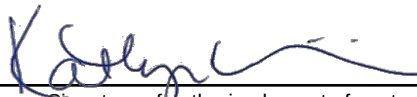
5 Check only if there is NO Interested Party.☐**6 UNSWORN DECLARATION**

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

Executed in Harris County, State of Texas, on the 17th day of November, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Siddons Martin Emergency Group, LLC
HOUSTON, TX United States

Certificate Number:
2022-956546

Date Filed:
11/17/2022

Date Acknowledged:
12/07/2022

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City of Killeen

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BuyBoard 651-21
Pierce Custom Enforcer Pumper

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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	Siddons Martin Holding, Inc.	Houston, TX United States	X	

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(street) (city) (state) (zip code) (country)

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Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

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(Declarant)

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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2022-956706

Date Filed:
11/17/2022

Date Acknowledged:

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

STERLING MCCALL FORD
HOUSTON, 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

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.

3280
AMBULANCE

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

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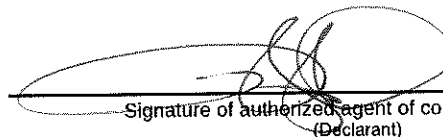
6 UNSWORN DECLARATION

My name is Pablo Canto, and my date of birth is 10-09-1970.

My address is 6445 Southwest Freeway, HOUSTON, TX, 77074, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of TEXAS, on the 17 day of Nov, 2022.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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STERLING MCCALL FORD
HOUSTON, TX United States

Certificate Number:
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Date Filed:
11/17/2022

Date Acknowledged:
12/07/2022

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CITY OF KILLEEN

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

Stryker Sales, LLC
Portage, MI United States

Certificate Number:
2022-954096

Date Filed:
11/10/2022

Date Acknowledged:

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City of Killeen

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276720
Medical Devices

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 Marisa Wheeler, and my date of birth is 02/11/1996.

My address is 3800 E Centre Ave, Portage, MI, 49002, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Collin County, State of TX, on the 10 day of November, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Portage, MI United States

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