## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

					1011	
	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number:		
	Copperas Cove Athletics Officials Association		2022	2024-1204039		
	Copperas Cove, TX United States		Date	Date Filed:		
2	Name of governmental entity or state agency that is a party to t	of governmental entity or state agency that is a party to the contract for which the form is		08/21/2024		
	being filed.		D-4-	Data Asknowledged		
	Killeen Parks and Recreation Department		Date	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.					
	24-355					
	Sports Officiating					
4				Nature of intere		
-	Name of Interested Party City, State, Country (place of b		siness)	(check applicable)		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isMItchell D. LOfton	, and my date of b		birth isSept. 23, 1955		
	My address is 1904 Henry st. #2	Copperas Cove		76522	_, USA	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	xecuted in Coryell County, State of Texas, on the 21 day of August, 2024.					
					(year)	
		11:46.11 x	1	a (1.		
Signature of authorized agent of contracting dusiness entity						
		(Declarant)	Join acill	y pushiess chility		