## **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.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Native American Services Corp		OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2023-975885			
					Kellogg, ID United States
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		01/25/2023			
City of Killeen			cknowledged:	B [74]	
3 Provide the identification number used by the govern description of the services, goods, or other property t	mental entity or state agency to track or identify to be provided under the contract.	the con	tract, and pro	vide a	
23-06 Killeen-Fort Hood Regional Airport Corporate Hang	jar Phase II				
4				f interest	
Name of Interested Party	City, State, Country (place of busin	· -	(check applicable)		
			Controlling	Intermediary	
Luna, Rick	Kellogg, ID United States		Х		
Mann, Gretchen	Kellogg, ID United States		X		
			- x		
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION		22			
My name is Rick Luna	, and my date of birth is <u>04/20/1973</u> .				
My address is53285 Silver Valley Road	,Kellogg	<u>ID</u> ,_	83837	_,USA	
(street)		state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true	e and correct.				
Executed in Shoshone	County, State ofID, on the		ay of <u>January</u> (month)	, 20 <u>23</u> . (year)	
	Signature of authorized agent of cor (Declarant)	of authorized agent of contracting business entity (Declarant)			