

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.
 Physio-Control, Inc.
 Redmond, WA United States

Certificate Number:
 2016-84336

Date Filed:
 07/13/2016

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

Date Acknowledged:
 07/28/2016

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.
 Quote# 00045728
 LIFEPAK 15 Monitor/Defibrillators, accessories, and service.

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 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

Complete Nos. 1 - 4 and 6 if there are interested parties.
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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2016-85124

Date Filed:
07/14/2016

Date Acknowledged:
07/28/2016

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

U.S. Bank Equipment Finance, a division of U.S. Bank Natinal Association
Tigard, OR 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 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.

Quote #00045728
LIFEPAK 15 Monitor/Defibrillators, accessories, and service

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Jacobsen, Chelsea	Tigard, OR United States		X
	Denison, Josephine	Tigard, OR United States		X
	Stammer, Erin	Tigard, OR United States		X
	Gannott, Jodi	Tigard, OR United States		X
	Lingl, Nathan	Tigard, OR United States		X
	Pavenko, Anna	Tigard, OR United States		X
	Humphrey, Tracey	Tigard, OR United States		X
	Wilmes, Justin	Tigard, OR United States		X
	Knutson, Susan	Tigard, OR United States		X
	Crosby, Don	Tigard, OR United States		X
	Parker, P.W.	Minneapolis, MN United States	X	
	Cecere, Andrew	minneapolis, MN United States	X	
	Davis, Richard	Minneapolis, MN United States	X	
	U.S. Bancorp	Minneapolis, TX United States	X	
	Lewis, Chad	San Antonio, TX United States		X

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 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath