## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

l of 1

						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	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2025-1371031						
	ound Tree Medical, LLC			5052-1311031						
	DUBLIN, OH United States					Date Filed:				
2	ne of governmental entity or state agency that is a party to the contract for which the form is ng filed.			10/01/2025						
	City of Killeen				Date Acknowledged:					
3	vide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a cription of the services, goods, or other property to be provided under the contract.									
	704-23 First Aid, Emergency Medical, Athletic Trainer Supplies and Equip.									
4			· · · · · · · · · · · · · · · · · · ·		Nature of interest					
4	Name of Interested Party	City, State, Country								
					Controlling	Intermediary				
				$\perp$						
			·							
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is Corey Case		and my date of	birth is _	06/17/19					
	My address is 5000 Bradenton Ave	,Dublin	,	<u>DH,</u>	43017	,us				
		(city)	(st	ate)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.									
	Executed in County	y, State of Ohio	, on the	<u>Tsµ</u> da	y of October	, 20 <u>25</u>				
				1	(month)	(year)				
	Signature of authorized agent of contracting business entity									
	(Declarant)									

## 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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and cour of business. Henry Schein Medical Melville, NY United States	202	Certificate Number: 2025-1368635 Date Filed:							
2	Name of governmental entity or state agency that is a party to being filed.  Killeen Fire Dept.		09/25/2025  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.  101433581  EMS medical supplies and equipment.									
4				Nature of interest						
	Name of Interested Party	City, State, Country (place	of business)	·						
				Controlling	Intermediary					
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is Joe Jefferies	, and my date of birth is 04-17-1965								
	My address is 2907 Palmer Drive Friendswood TX 77546	(city)	,, (state)	(zip code)	_, (country)					
I declare under penalty of perjury that the foregoing is true and correct.										
	Executed in GalvestonCou	inty, State of Texas	_, on the 10th	10th_day of October, 2025 (month) (year)						
	Jush 3 Jeffun									
		Signature of authorized agent of contracting business entity (Declarant)								