

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.

battery warehouse
 mcallen, TX United States

Certificate Number:
 2016-65792

Date Filed:
 06/04/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

CITYOF KILEEN TX

Date Acknowledged:

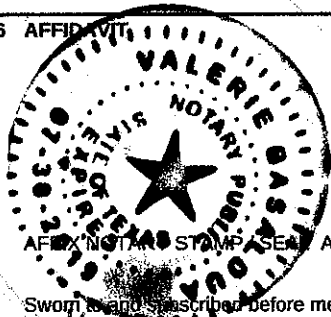
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

15.04/B-15-MC-480020
 CONCRETE SIDEWALKS

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]

 Signature of authorized agent of contracting business entity

AFFIDAVIT NOTARY STAMP SEEN ABOVE

Sworn to and subscribed before me, by the said Henny Morales, this the 8 day of June, 2016, to certify which, witness my hand and seal of office.

[Signature] _____
 Signature of officer administering oath

Valerie Basdek _____
 Printed name of officer administering oath

Notary _____
 Title of officer administering oath

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 CERTIFICATION OF FILING**

Certificate Number:
 2016-65792

Date Filed:
 06/04/2016

Date Acknowledged:
 12/02/2016

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 mcallen, TX United States

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 CITYOF KILEEN TX

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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