

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.
Pattillo, Brown & Hill, L.L.P.
Waco, TX United States

Certificate Number:
2022-911746

Date Filed:
07/18/2022

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

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.
22-27
Audit Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Lucas, Mike	Waco, TX United States	X	
	Pruitt, Todd	Waco, TX United States	X	
	Manning, Jennifer	Waco, TX United States	X	

5 Check only if there is NO Interested Party.

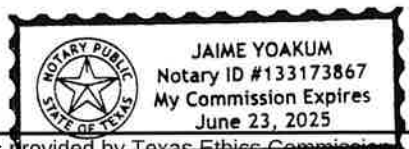
6 UNSWORN DECLARATION

My name is TODD PRUITT, and my date of birth is 1/13/1970.

My address is 401 WHWY 6, WACO, TX, 76710, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in McLENNAN County, State of TEXAS, on the 18 day of JULY, 2022.
(month) (year)



Todd Pruitt
Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2022-911746

Date Filed:
07/18/2022

Date Acknowledged:
08/24/2022

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Pattillo, Brown & Hill, L.L.P.
Waco, TX United States

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City of Killeen

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22-27
Audit Services

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	Lucas, Mike	Waco, TX United States	X	
	Pruitt, Todd	Waco, TX United States	X	
	Manning, Jennifer	Waco, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)