CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2024-1242853 Third Coast Distributing, LLC Corpus Christi, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 11/25/2024 being filed. City of Killeen Date Acknowledged: 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. 032521-GPC Auto Parts & Supplies Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION and my date of birth is 6/29/2000 (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. County, State of PXAS Executed in on the 25 day of November, 20 24. (month) 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.			OFFICE USE ONLY CERTIFICATION OF FILING					
1	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2025-1375574					
	LONESTAR TRUCK GROUP LLC	ONESTAR TRUCK GROUP LLC							
_	SRAPEVINE, TX United States lame of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 10/10/2025					
2	being filed.	e contract for winch the form is							
	CITY OF KILLEEN, TEXAS	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.								
	0221001								
	THIS SUPERSEDES CERTIFICATE 2025-1375565 TRUCKS	& TRAILERS							
4	N	Nature of interest							
	Name of Interested Party	City, State, Country (place of busine	(check applicable) Controlling Intermediary						
			\neg		intermodial y				
_									
_			\dashv						
			\dashv						
			\dashv						
5 Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION								
	My name is James Bennie	and my date of	birth is	7-28-1	964				
	My address is 2051 Hughes Rd	Grapt vine , (st	ate)	74 05 (zip code)	, US (country)				
	I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	/ State of, on the	10 c	day of Oct (month)	, 20 <u>25</u> (year)				
		18							
		Signature of authorize agent of con-	tracting	g business entity					
	(Declarant)								

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

						1011	
	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 country of the business entity's place of business.				Certificate Number: 2025-1372158		
	Southern Tire Mart, LLC			7	Date Filed:		
	Columbia , MS United	Columbia , MS United States					
2		ame of governmental entity or state agency that is a party to the contract for which the form is			10/02/2025		
	being filed. City of Killeen				Date Acknowledged:		
3	Provide the identification description of the service 2024-1230167 Tires 636-21	n number used by the gove ces, goods, or other propert	ernmental entity or state agency to track or iden ty to be provided under the contract.	tify the c	ontract, and pro	ovide a	
_	11103 000-21		Nature of interest				
4	Name of Interested Party City, State, Country (place of busing		siness)	(check a	pplicable)		
					Controlling	Intermediary	
Di	ıff, Thomas		Columbia, MS United States		Х		
Dı	ıff, James		Columbia, MS United States		×		
5	Check only if there is No	O Interested Party.					
6	UNSWORN DECLARATI	ON					
	My name is	Richard Conwill	, and my date	of birth is	9/10/1950		
	My address is	800 Highway 98	, <u>Columbia</u> (city)	MS,	39429 (zip code)	_, _USA (country)	
	I declare under negativ of	f perjury that the foregoing is t					
				and	January Ostobor	00.05	
	Executed inMario		County, State of Mississippi , on t	ne <u>znu</u>	(month)		
	Signature of authorized agent of contracting business entity (Declarant)						