

# 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.**  
Southern Tire Mart, LLC  
COLUMBIA, MS United States

**Certificate Number:**  
2022-844197

**Date Filed:**  
01/27/2022

**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.**  
636-21  
Tires

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Duff, James	Columbia, MS United States	X	
	Duff, Thomas	Columbia, MS United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Richard Conwill, and my date of birth is 9/10/50.

My address is 800 Hwy 98, Columbia, MS, 39429, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Marion County, State of MS, on the 27 day of Jan., 2021.  
(month) (year)

*Richard Conwill*

Signature of authorized agent of contracting business entity  
(Declarant)

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Southern Tire Mart, LLC  
COLUMBIA, MS United States

**Certificate Number:**  
2022-844197

**Date Filed:**  
01/27/2022

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

**Date Acknowledged:**  
02/09/2022

**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.**  
636-21  
Tires

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Duff, James	Columbia, MS United States	X	
	Duff, Thomas	Columbia, MS 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)

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## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2022-844285

Date Filed:  
01/27/2022

Date Acknowledged:

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

Lonestar Freightliner Group LLC dba Lonestar Truck Group Temple  
Temple, TX 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

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.

601-19  
Heavy Duty Truck Parts

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 UNSWORN DECLARATION

My name is James A Bonnie, and my date of birth is July 28<sup>th</sup>, 1964

My address is 2051 Hughes Road, Grapevine, TX, 76051, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in Tarrant County, State of Texas, on the 24<sup>th</sup> day of January, 2022.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)





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**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 O'Reilly Auto Enterprises LLC dba O'Reilly Auto Parts  
 Springfield, MO United States

**Certificate Number:**  
 2022-845546

**Date Filed:**  
 02/01/2022

**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:**  
 02/09/2022

**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.**  
 180603  
 Automotive Parts

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 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)

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## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
 2022-849024

Date Filed:  
 02/09/2022

Date Acknowledged:

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

Central Texas Auto Parts, Inc.  
 Killeen, TX 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

**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.**

032521-GPC  
 Automotive, Truck, and Industrial parts, tires, commodities, and related accessories

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.**

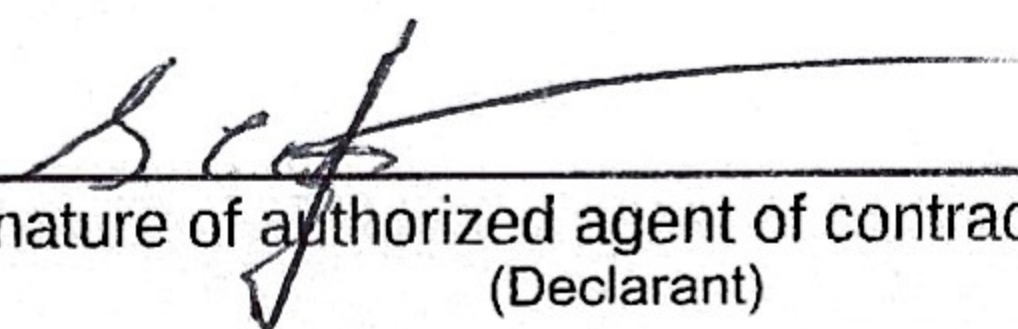
**6 UNSWORN DECLARATION**

My name is Gene C. Lutz, and my date of birth is 09/21/1970.

My address is 1200 E. Stan Schlueter Loop, Suite 101A, Killeen, TX, 76542.  
(street) (city) (state) (zip code) (country)

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

Executed in Bell County, State of Texas, on the 9th day of February, 2020.  
(month) (year)

  
 Signature of authorized agent of contracting business entity  
(Declarant)

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**OFFICE USE ONLY  
 CERTIFICATION OF FILING**

**Certificate Number:**  
 2022-849024

**Date Filed:**  
 02/09/2022

**Date Acknowledged:**  
 02/11/2022

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Central Texas Auto Parts, Inc.  
 Killeen, TX 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

**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.**  
 032521-GPC  
 Automotive, Truck, and Industrial parts, tires, commodities, and related accessories

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 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)