FORM **1295**

| _ | | | | 1 01 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 US CERTIFICATION | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business of business. | | Certificate Number: | | | |
| | HEIL OF TEXAS | 1 | 2024-1228727 | | | |
| | IRVING, TX United States | | Date Filed: | | | |
| 2 | | | 10/21/2024 | | | |
| | being filed. | | | | | |
| | City of Killeen | | Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental entity or state agency description of the services, goods, or other property to be provided under the contra | to track or identify t | the contract, and pro | ovide a | | |
| | BUYBOARD 686-22 REFUSE BODY PARTS | | | | | |
| _ | | | Nature (| of interest | | |
| 4 | Name of Interested Party City, State, Count | try (place of busines | | pplicable) | | |
| _ | | | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is Ramon Martinez | and my date of bir | rth is <u>4-8-</u> | 1979 | | |
| | My address is | | 75060 e) (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | Executed inCounty, State of | X95 on the 2 | 31 day of October | yr, 20 <u>24</u> . (year) | | |
| | | | \(\tag{\tag{\tag{\tag{\tag{\tag{\tag{ | (3-501) | | |
| | 1 Danis | | | | | |
| | Signature of author | Signature of authorized agent of contracting business entity (Declarant) | | | | |

FORM 1295

of 1

| | | | | | 1 01 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. | | | Certificate Number: | | | |
| | Lonestar Freightliner Group LLC dba Lonestar Truck Group Te | emple | 2024-1228243 | | | | |
| | Temple, TX United States | 50.184499 | Date Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 10/18/2024 | | | | |
| | City of Killeen | | Date Acknowledged: | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided | ry or state agency to track or identify ed under the contract. | the co | ontract, and pro | vide a | | |
| | 221001 Heavy Duty Truck Parts | | | | | | |
| 4 | Name of Interested Party | City State County (along of horizon | Nature of interest | | | | |
| | Name of interested Farty | City, State, Country (place of busine | ess) | SCALE SCALE STREET, ST | | | |
| | | | | controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | 1 | 1 - | | |
| My name is James A. Berrel, and my date of birth is 7/28/196 | | | 1964 | | | | |
| | My address is 4788 Manning Dr. Collegically, TX, 76084 USA (street) (city) (state) (zip code) (country) | | | | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed in Torrout County, | , State of Toxes, on the | 184 | | | | |
| | | | | (month) | (year) | | |
| | | Signature of authorized agent of cont (Declarant) | racting | business entity | | | |

FORM **1295**

| Γ | Complete Nos. 1 - 4 and 6 if there are interested parties. | | _ | | 1 of 1 | |
|--|--|--|----------------------------------|-------------------------|--------------|--|
| L | there are no interested parties. | | | OFFICE US | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | RTIFICATIO | | |
| | mac haik ford | of the business entity's place | Certificate Number: 2024-1230334 | | | |
| | georgetown, TX United States | | 2024 | +-1230334 | | |
| 2 | | | Date | Filed: | | |
| | | | 10/2: | 3/2024 | | |
| | CITY OF KILLEEN | | Date | Acknowledged | ir. | |
| 3 | Provide the identification | | | | | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or identify to description of the services, goods, or other property to be provided under the contract. | | | ontract, and pro | wide a | |
| | 715-23 | led under the contract. | | and and pro | wide g | |
| | AUTOMOTIVE PARTS AND AUTO NEEDS | | | | | |
| - | | | | | | |
| ļ. | Name of Interested Party | | Nature of interest | | | |
| | | City, State, Country (place of busine | | ess) (check applicable) | | |
| | | | | Controlling | Intermediary | |
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| C | heck only if there is NO Interested Party. | | | | | |
| JI | NSWORN DECLARATION | | | | | |
| Λy | name is Chiis Lens | | | LIAIC | | |
| and my date of birth is \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | | | | |
| My address is 1621 Augitian Dr. Ste#105 Georgetown TX 78628 1200 | | | | | | |
| | (street) | Georgetown .TX | - 10 | | 2/100 | |
| d | 201aro undano | (state) | | (zip code) | (country) | |
| | eclare under penalty of perjury that the foregoing is true and correct. | | | | | |
| Χŧ | ecuted in County, St | tate of, on the | 3 | or 10) | 20.24 | |
| | | ^ | , (| (month) | (year) | |
| | (Y | | | / | " / | |
| | | A | | | | |
| | | gnature of authorized agent of contractin | ng bus | iness entity | | |
| 3 | provided by Texas Ethics Commission www.ethics.s | 175.555.551117 | | , | | |
| | www.etincs.s | olale,IX,US | | Version V4.1 | 0.49deE447 | |

| | CERTIFICATE OF INTE | RESTED PARTIES | | | FORM 1295 |
|---|---|---|---------|--------------------|--|
| | Complete Nos. 1 - 4 and 6 if the Complete Nos. 1, 2, 3, 5, and 6 | ere are interested parties. if there are no interested parties. | | OFFIC | E USE ONLY |
| 1 | Name of business entity filing form, a entity's place of business. | and the city, state and country of the busin | ness | | |
| | THIRD COAST DISTRIBUTING | LLC | | | |
| 2 | which the form is being filed. | e agency that is a party to the contract for | | | |
| | City of Killeer | | | | |
| 3 | and provide a description of the goo | sed by the governmental entity or state age ds or services to be provided under the co | ntract. | | • |
| _ | #032521-6PC | - Huto Pur | 15 | t Su | pplies |
| 4 | Name of Interested Party | City, State, Country | Natu | re of Interest | (check applicable) |
| | , | (place of business) | Co | ntrolling | Intermediary |
| | | | | | |
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| | | | | | |
| | | | | R. H. S. L. | MONTH TO THE STATE OF THE STATE |
| | | | | | A400 4000 c |
| | 70.10400 | | | y carrier dictable | 2.50 |
| | | | | 100 C | |
| | | | | | |
| 5 | Check only if there is NO Interested F | Party. | | | |
| 6 | GLORIA P. LOPEZ My Notary ID # 4575944 Expires September 5, 2027 AFFIX NOTARY STAMP / SEAL ABOVE | I swear, or affirm, under penalty of perjury Signature of authorized ag | B | 6 | |
| | Sworn to and subscribed before me, by the sof, 20, to certifications and subscribed before me, by the sof, 20 | aid Andrew Leefon ify which, witness my hand and seal of office. | | , this the _ | 213+ day |
| | Signature of officer administering oath | Cloria P. Lope 3 Printed name of officer administering oath | | Title of office | PUBLIC r administering oath |
| | ADI | O ADDITIONAL PAGES AS NECES | SARY | 1 | |

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 c of business. | ountry of the business entity's pla | ce Cert | tificate Number: 4-1228751 | | | | |
| | O'Reilly Auto Enterprises LLC dba O'Reilly Auto Parts | | | | | | | |
| 2 | Springfield, MO United States Name of governmental entity or state agency that is a party t | to the contract for which the form | | e Filed: 21/2024 | | | | |
| | being filed. | | | e Acknowledged: | | | | |
| | City of Killeen | | Date | , Acknowledged. | | | | |
| 3 | Provide the identification number used by the governmental description of the services, goods, or other property to be property to be provided in the control of the services. | | identify the o | contract, and pro | vide a | | | |
| | 230604 | | | | | | | |
| | Aftermarket Automotive Parts, Accessories and Supplies | | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place o | of husiness) | | of interest pplicable) | | | |
| | Name of interested Faity | City, State, Country (place t | n business) | Controlling | Intermediary | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| _ | UNSWORN DECLARATION | | | | | | | |
| 6 | | | | | | | | |
| | My name is Misty Burge | , and my | date of birth i | s <u>12/06/198</u> | <u> 31 </u> | | | |
| | My address is 233 S. Patterson Ave | , Springfield | MO | 65802 | _, <u>USA</u> | | | |
| | (street) | (city) | (state) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and co | orrect. | | | | | | |
| | Executed in GreeneC | ounty, State of iMissouri | on the 21 | day of Octob | er 20 24 | | | |
| | | James 51 | 5.1. tilo <u>— </u> | (month) | (year) | | | |
| | | Wister Bu | N AA | | | | | |
| | | Signature of authorized ager | nt of contractir | ng business entity | | | | |
| | | // (Declara | nt) | _ | | | | |

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 US CERTIFICATION | | | |
| Name of business entity filing form, and the city, state and cour of business. Southern Tire Mart, LLC Columbia , MS United States | Certificate Number: 2024-1230167 Date Filed: | | | | |
| 2 Name of governmental entity or state agency that is a party to t being filed. City of Kileen | the contract for which the form is | 10/23/2024 Date Acknowledged: | | | |
| Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 636-21 Tires | ntity or state agency to track or identify rided under the contract. | the contract, and pro | ovide a | | |
| 4 Name of Interested Party | City, State, Country (place of busin | | of interest applicable) Intermediary | | |
| Duff, Thomas | Columbia, MS United States | Х | | | |
| Duff, James | Columbia, MS United States | Х | | | |
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| 5 Check only if there is NO Interested Party. | | • | | | |
| 6 UNSWORN DECLARATION | | | | | |
| My name is Richard Conwill | , and my date of | birth is9/10/195 | | | |
| My address is800 Highway 98 (street) | , Columbia , MS (city) (s | 39429 (zip code) | _, <u>USA</u> (country) | | |
| I declare under penalty of perjury that the foregoing is true and corre | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| Executed inCour | nty, State of MS , on the | 23 day of October | | | |
| | 7 | (попп) | , (year) | | |
| | Signature of authorized agent of con (Declarant) | tracting business entity | | | |