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						
1	Name of business entity filing form, and the city, state and country of the business entity's place				CERTIFICATION OF FILING Certificate Number:							
	of business.					2022-930850						
	Galls LLC Lexington, KY United States					Date Filed:						
2		of governmental entity or state agency that is a party to the contract for which the form is				09/07/2022						
	being filed.					Date Acknowledged:						
	Killeen Police Deapartment	ľ	Jate Ack	nowledged	:							
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.											
	210294											
	Uniforms											
4						Nature of interest						
4	Name of Interested Party		City, State, Country (place of busi		· —	(check applicable)						
					C	ontrolling	Intermed	iary				
		+			_		+					
							1					
							 					
							↓					
_												
		•					•					
5	Check only if there is NO Interested Party.											
6	UNSWORN DECLARATION											
	My name is Tiffany Brewer		, and my	date of bi	f birth is 04/05/1988							
	My address is 1340 Russell Cave Road		Lexington	, <u>KY</u>	, 40	505	USA					
	(street)		(city)	(stat	e)	(zip code)	(country)	1				
	I declare under penalty of perjury that the foregoing is true and correct.											
	Executed in Fayette	County.	State of Kentucky	, on the 7	'th_ _{day c}	Septem	ber _{, 20} 22					
					•	(month)) (yea	ır)				
	-		Tiffany Braw Signature of authorized ager	nt of contra	tracting business entity							
			(Declara	trit)								

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

\vdash											
	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 count of business.		Certificate Number: 2022-930850								
	Galls LLC	[2022 300000								
	Lexington, KY United States	Date	Date Filed:								
2		lame of governmental entity or state agency that is a party to the contract for which the form is									
	being filed.	Date	Acknowledged:								
	Killeen Police Deapartment)9/2022								
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.										
	210294										
	Uniforms										
		Nature of	interest								
4	Name of Interested Party City, State, Country (plac		iness)	(check applicable)							
 -	-		_	Controlling	Intermediary						
_											
<u> </u>		<u> </u>									
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 inCounty	y, State of, on th	e								
				(month)	(year)						
	Signature of authorized agent of contracting business entity (Declarant)										