

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 Certificate Number: 2023-1104041 Date Filed: 12/13/2023 Date Acknowledged:
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Front Line Mobile Health, PLLC Georgetown, 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.

Health and Wellness project
Annual physicals for Fire Dept

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 Bruce VanderHear, and my date of birth is 12-12-1947.

My address is 1139 Aviara Ct Granbury TX 76048 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Hood County, State of Texas, on the 15 day of Dec, 2023.
(month) (year)

Bruce VanderHear
 Signature of authorized agent of contracting business entity
(Declarant)