

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:
 2017-167486

Date Filed:
 02/15/2017

Date Acknowledged:

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

Life Line Billing Systems, LLC (LifeQuest Services)
 Wautoma, WI 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, Texas

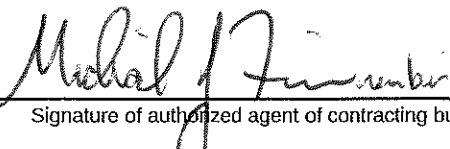
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

RFQ 17-03
 EMS Billing and Fire Service Fee Recovery

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Nolan, Joe	Winnetka, IL United States	X	
	Beck, Kevin	Wautoma, WI United States		X
	Braun, Jeff	Wautoma, WI United States		X
	Finn, Michael	Chicago, IL United States		X


5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.


 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said MICHAEL J. FINN, this the 15th day of February, 2017, to certify which, witness my hand and seal of office.

 FEDER H. CULVER II
 Signature of officer administering oath Printed name of officer administering oath
 NOTARY PUBLIC, WI
 Expires 06/26/2020
 Title of officer administering oath

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03/06/2017

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Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath