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. Life Line Billing Systems, LLC (LifeQuest Services)			Certificate Number: 2017-167486				
	Wautoma, WI United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		02/1	5/2017				
	City of Killeen, Texas			Date Acknowledged:				
3	description of the services, goods, or other property to be provided	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	No. of following I Book	City Chain County (via	Nature of					
	Name of Interested Party	City, State, Country (place of busine	355)	(check ap	Intermediary			
Nolan, Joe		Winnetka, IL United States		Х				
Beck, Kevin		Wautoma, WI United States			X			
Braun, Jeff		Wautoma, WI United States			Х			
Finn, Michael		Chicago, IL United States			Х			
-	20							
r :	Check antuit there is NO Interacted Darty							
5 Check only if there is NO Interested Party.								
b	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.							
,	Michael / Finnember							
	Signature of authorized agent of contracting business entity							
, AFFIX NOTARY STAMP / SEAL ABOVE								
Sworn to and subscribed before me, by the said MICHAEC J. FINN, this the 15th day of Fibruary, 20 17, to certify which, witness my hand and seal of office.								
	Real H Calib TEDER	They RUBL,	IC WI					
	Signature of officer administering oath Printed name of o	officer administerir	ng oath 6 /24/2020					

CERTIFICATE OF INTERESTED PARTIES

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					1 0f 1			
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete 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 count of business.	ame of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	Life Line Billing Systems, LLC (LifeQuest Services) Wautoma, WI United States			2017-167486 Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is			02/15/2017				
	being filed. City of Killeen, Texas			Date Acknowledged: 03/06/2017				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and prov	vide a			
	RFQ 17-03 EMS Billing and Fire Service Fee Recovery							
4	Name of Interested Party City, State, Country (p		iess)	Nature of interest (check applicable)				
				Controlling	Intermediary			
N	olan, Joe	Winnetka, IL United States		X				
В	eck, Kevin	Wautoma, WI United States			X			
В	raun, Jeff	Wautoma, WI United States			X			
Fi	inn, Michael	Chicago, IL United States			Х			
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 con	ıtractinç	business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said	, this the		day of	1			
	Signature of officer administering oath	f officer administering oath T	itle of c	officer administeri	ing oath			