## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

					1011		
	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			Certificate Number:			
	of business. AUSTIN ARMATURE WORKS, LP	RE WORKS I D			2024-1189815		
	Buda, TX United States		Date	Filed:			
2	ne of governmental entity or state agency that is a party to the contract for which the form is		07/1	07/19/2024			
	being filed.		Date	Date Acknowledged:			
	City of Killeen		Date	: Ackilowieugeu.			
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.						
	Pump Station #4 (Pumps #1,3,4) Pumps #1, 3, and 4 and Installation						
4				Nature of interest			
	Name of Interested Party	City, State, Country (place of	business)		oplicable)		
Kı	amer, Jay	Buda, TX United States		Controlling	Intermediary		
Kramer, Julius		Buda, TX United States	United States				
Tischler, Clayton		Buda, TX United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	y name is Clayton Tischler , and my date of			birth is 07/19/1977			
	My address is 617 Rebecca Lane	Bastrop	_,	78602	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and cor						
	Executed in HaysCou	unty, State of Texas,	on the 19	day of July	, 20_24		
		_					
Clayton Tischlar  Monature of authorized agent of contracting business entity							
	Inature of authorized agent of contracting business entity (Declarant)						