

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. Bio Chem Lab, Inc. West, TX United States		Certificate Number: 2023-1065703 Date Filed: 08/29/2023 Date Acknowledged:																									
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. Water & Wastewater Service Environmental Analysis																											
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Controlling</th> <th style="width: 50%;">Intermediary</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Controlling	Intermediary																						
Controlling	Intermediary																										
5 Check only if there is NO Interested Party. <input checked="" type="checkbox"/>																											
6 UNSWORN DECLARATION My name is <u>Liza Castro</u> , and my date of birth is <u>9.26.86</u> . My address is <u>3908 N. 25th St.</u> , <u>Waco</u> , <u>TX</u> , <u>76708</u> , <u>USA</u> . <div style="display: flex; justify-content: space-around; font-size: small;"> (street) (city) (state) (zip code) (country) </div> I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>McLennan</u> County, State of <u>Texas</u> , on the <u>29th</u> day of <u>August</u> , 20 <u>23</u> . <div style="display: flex; justify-content: space-around; font-size: small;"> (month) (year) </div> <div style="text-align: center;"> _____ Signature of authorized agent of contracting business entity (Declarant) </div>																											