

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.

Deaf Link, Inc.
San Antonio, TX United States

Certificate Number:
2024-1154000

Date Filed:
04/29/2024

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

Date Acknowledged:

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.

City of Killeen
Accessible Emergency Alerts in American Sign Language, English Voice, and English Text

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.



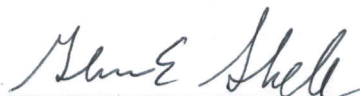
6 UNSWORN DECLARATION

My name is Glenn E Shell, and my date of birth is 04/26/1958.

My address is 14400 Northbrook Dr., Suite 200, San Antonio, TX, 78232, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Bexar County, State of Texas, on the 29th day of April, 20 24.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)