FORM **1295**

					1 of 1			
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY				
1	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place			CERTIFICATION OF FILING Certificate Number:				
Γ	f business.			2024-1199147				
	Crafco, Inc. Chandler, AZ United States			Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is			08/09/2024				
	being filed. City of Killeen, Texas				Date Acknowledged:			
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided 685-22 BuyBoard	e identification number used by the governmental entity or state agency to track or identify the contract, and provide a of the services, goods, or other property to be provided under the contract.						
Pavement Preservation Equipment								
4	N				interest			
	Name of Interested Party	City, State, Country (place of busine		(check ap	Intermediary			
Er	gon, Inc.:	Jackson, MS United States		Х				
Jo	hnson, Gary	Chandler, AZ United States		х				
La	mpton, William W.	Jackson, MS United States	х					
Lampton, Robert		Jackson, MS United States		Х				
Ziems, Todd		Chandler, AZ United States	Х					
Stabler, Robert		Chandler, AZ United States		Х				
Gautier, Gail		Chandler, AZ United States	х					
5	Check only if there is NO Interested Party.							
. (UNSWORN DECLARATION							
My name is and			birth is	May 4, 196	8			
ř	My address is 6165 W. Detroit St.	Chandler AZ		85226	USA			
(street) (city) (state) (zip code) (country)								
-	I declare under penalty of perjury that the foregoing is true and correct.							
ı	Executed in Maricopa County	, State of Arizona , on the	9th_d	lay of August	, 20_24			
	Sherema							
	Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **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. 2023-1106518 Centerline Supply Inc. Date Filed: Grand Prairie, TX United States 12/21/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Killeen 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. BID 24-16 Glass Beads Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Richmond, Shane Grand Prairie, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** (state) I declare under penalty of perjury that the foregoing is true and correct. County, State of Executed in Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

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 FILIN							
1	Name of business entity filing form, and the city, state and cou of business.	f business entity filing form, and the city, state and country of the business entity's place Certificate Nur						
	Coufal-Prater Equipment, LLC Dba United Ag & Turf	Ag & Turf						
2	Waco, TX United States	the contract		Date File 08/12/20				
_	Name of governmental entity or state agency that is a party to being filed.	party to the contract for which the form is						
	City of Killeen				Date Acknowledged:			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov	ntity or state agency to vided under the contrac	track or identify t.	the cont	ract, and pro	vide a		
	031121-DAC John Deere Equipment							
4	Name of Interested States	Cian State 2	(-la (1		_	f interest		
	Name of Interested Party	City, State, Country	(piace of busine	′	(check ap Controlling	oplicable) Intermediary		
				+	cannig	y		
				\top				
						•		
5	Check only if there is NO Interested Party.	1						
6	UNSWORN DECLARATION							
	My name is		and my date of b	irth is	1/8/197	79		
	My address is	Waco			76712	USA		
	(street)	(city)	(sta	ite)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inCoun	nty, State of	, on the	2day	of			
		Curtis	r Abel		(month)	(year)		
		Signature of authorize	zed agent of contr (Declarant)	acting bu	siness entity			

FORM **1295**

L				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 busi	Certificate Number:					
	of business.		2024-1200787				
ı	Bad Boy Mowers LLC Batesville, AR United States						
2	Name of governmental entity or state agency that is a party to the contract for	which the form is	Date Filed: 08/14/2024				
	being filed.	00/14/2024					
	City of Killeen	Date Acknowledged:					
3	Provide the identification number used by the governmental entity or state ag description of the services, goods, or other property to be provided under the	ency to track or identify contract.	the contract, and pr	ovide a			
	TIPS 230201						
	Grounds Maintenance Equipment						
4			Nature	of interest			
4	Name of Interested Party City, State,	Country (place of busine		applicable)			
_			Controlling	Intermediary			
0	dum, Monica Copperas	Cove, TX United State	es	х			
5 Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION						
	My name is						
	My address is 102 Indistrial Park Dr. Bate (street)	city) (sta	12. 72501 (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Independence County, State of Arkansas, on the 14 day of August, 2024.						
	(month) (year)						
	Signature of authorized agent of contracting business entity (Declarant)						

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2024-1198888 Professional Turf Products, LP Euless, TX United States Date Filed: 08/09/2024 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Killeen 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. Toro and Ventrac commercial mowing and related ground maintenance equipment, large turf irrigation Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** My name is David Lau _____and my date of birth is ____05/31/1967 My address is __1010 N. Industrial Blvd. 76039 USA Euless (country) (street) (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. _, on the <u>9</u> day of ___ Executed in Tarrant County, State of (year) Signature of authorized agent of contracting business entity

(Declarant)

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 count of business.	Certificate Number:					
	orth Texas Trailers			2024-1200117			
	Fort Worth, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/13/2024				
	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.						
	687-22						
	Trailer Sales and Service			News			
4	Name of Interested Party	City, State, Country (place of busine	1999	Nature of (check ap			
	Name of interested Party	City, State, Country (place of busine	.55,	Controlling	Intermediary		
				Controlling	www.mounery		
		-					
_							
_							
			_				
_							
			-				
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is JAMES CORREU	and my date of l	birth is	9-17-	78		
	My address is 3901 E Cosp 820 S.	Fort Work T	K.	76119	454		
	(street)	(city) (st	ale)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Torrut County County, State of Texas, on the 15 day of Aug, 2024. (month) (year)						
				2			
)	Signature of authorized agent of com	tracting	business entity			
		(Declarant)		,			

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.				Certificate Number: 2024-1200140			
	SILSBEE FORD SILSBEE, TX United States				2024-1200140 Date Filed:			
2	ame of governmental entity or state agency that is a party to the contract for which the form is			08/13/2024				
	being filed. City of Killeen	g filed.			Date Acknowledged:			
	City of Killeen				3			
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.							
	210970 FLEET VEHICLES							
4					Nature of			
	Name of Interested Party	Name of Interested Party City, State, Country (place of business)			(check applicable) Controlling Intermedia			
~	NAME OF THE OWNER OWNER OF THE OWNER	OII ODEE TYLIS		\neg	ntrolling	Intermediary		
DC	DNALSON, DREW	SILSBEE, TX Uni	ted States	X				
5	Check only if there is NO Interested Party.			•	•			
6	UNSWORN DECLARATION							
	My name isSETH GAMBLIN		and my date of b	irth is _12/	24/1985			
	My address is12 11 US HIGHWAY 96 NORTH	SILSBEE	TX	,776	556	_USA		
	(street)	(city)	(sta	te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.							
	executed in HARDIN County, State of TEXAS, on the 13 day of AUG, 20 24				_, 20_24			
					(month)	(year)		
			Gamblin					
	Signature of authorized agent of contracting business entity (Declarant)							