FORM 1295

						2012		
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. Advance Stores Company, Inc. DBA Advance Auto Parts			2022-	938899			
	Raleigh, NC United States			Date F	iled:			
2		e contract for which t	he form is	09/28/	/2022			
	being filed.			Date A	\cknowledged:			
	City of Killeen							
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to t ded under the contrac	track or identify t.	the co	ntract, and prov	vide a		
	Omnia 2017000280							
	Automotive Parts							
_		1		\neg	Nature of	f interest		
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap			
_				\rightarrow	Controlling	Intermediary		
					1			
	•							
Т								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Todd Sanders, SVP Strategic Accoun	its	and my date of t	oirth is	October 26	S, 1970 _.		
	My address is 4200 Six Forks Road	, Raleigh,	, NC	; <u> </u>	27609	USA		
	(street)	(city)	(sta	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed in Wake Count	y, State of NC	on the	ی _{اء} 28	_{av of} Sept	, 20 22		
	Count	,, otato oi	, on the _		(month)	(year)		
	Toda	d Sanders (Sep 29, 2022 10:40 EDT	<u>-</u>					
		Signature of authoria	zed agent of cont (Declarant)	racting	business entity			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE		
_	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 of business.			rtificate Number: 22-938899		
	Advance Stores Company, Inc. DBA Advance Auto Parts					
2	Raleigh, NC United States Name of governmental entity or state agency that is a party to the	e contract for which the form i		te Filed: /28/2022		
_	being filed.	e contract for which the form i				
	City of Killeen			Date Acknowledged: 10/26/2022		
2	Provide the identification number used by the governmental enti	ty or state agency to track or i			ride a	
,	description of the services, goods, or other property to be provided		,			
	Omnia 2017000280 Automotive Parts					
	Automotive Parts					
4	Name of Interested Party	City, State, Country (place o	f husinoss)	Nature of (check ap		
	Name of interested Party	City, State, Country (place o	i busiliess)	Controlling	Intermediary	
					<u> </u>	
				+ +		
				+		
				+		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	and my	date of hirth	is		
	,	, and my (aato oi biitti		·	
	My address is		,	_,	,·	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	it.				
					00	
	Executed inCounty	y, State of,	on the	day of (month)		
				•	•	
		Signature of authorized agent (Declaran		ing business entity	<u> </u>	

FORM **1295**

_					2012	
	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:		
	Chastang Enterprises Inc dba Chastang Ford		2022-	-940494		
	Houston, TX United States		Date F	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for	r which the form is	10/04	/2022		
	being filed. City of Killeen		Date /	Acknowledged:		
	City of Killeen			····		
3	Provide the identification number used by the governmental entity or state a description of the services, goods, or other property to be provided under the	gency to track or identify e contract.	the co	ntract, and prov	ride a	
	629-20					
	Automotive parts					
				Nature of	interest	
4	Name of Interested Party City, State	, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
H			$\overline{}$			
		,				
H						
					<u> </u>	
\vdash						
5	Check only if there is NO Interested Party.				:	
6	UNSWORN DECLARATION					
	My name is John Smith	, and my date of	birth is	8-20-	1957.	
	My address is 14514 STROMAN DR. (street)	y PRESS (sity)	tate)	77429 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in	75 xAS on the	4 4	lay of OCT	, 20_ 2.2 . (year)	
	Dark	9	4			
	Signature	of authorized agent of cor	tracting	husiness entity		
	Signature	or authorized agent or cor (Declarant)	ia acarig	g musices clinty		

FORM **1295**

					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.		CFI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count	try of the business entity's place	Certificate Number:		
	of business.		2022	2-940494	
	Chastang Enterprises Inc dba Chastang Ford Houston, 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		4/2022	
	being filed.		Data	A almandada ad	
	City of Killeen		Date Acknowledged: 10/26/2022		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the c	ontract, and prov	ride a
	629-20				
	Automotive parts				
4			,	Nature of	
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	Intermediary
					comounary
		L			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	S	·
	My address is				
	My address is(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	rt.			
	Executed inCounty	y, State of, on the		day of	, 20
				(month)	(year)
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity	

FORM 1295

complete Nos. 1 - 4 and 6 if there are interested parties.			FFICE USE	
complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie		CERTIFICATION OF FILING Certificate Number:		
ame of business entity filing form, and the city, state and f business.	d country of the business entity's place	2022-93		
onestar Freightliner Group LLC dba Lonestar Truck Gr	roup Temple			
emple, TX United States		Date Fil		
lame of governmental entity or state agency that is a part	ty to the contract for which the form is	09/27/2	.022	
eing filed.		Date Ac	knowledged:	
City of Killeen				
rovide the identification number used by the government escription of the services, goods, or other property to be	tal entity or state agency to track or identi provided under the contract.	ify the cont	tract, and prov	vide a
501-19				
Heavy Duty Truck Parts				
				f interest
Name of Interested Party	City, State, Country (place of bus		(check ap	
			Controlling	Intermediary
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				adh i a
My name is <u>James Bennie</u>	and my date	of birth is	July	207/19
My address is 2051 Hughes RO	Grapeune,	(state)	(zip code)	_, <u>US</u> f
declare under penalty of perjury that the foregoing is true and	d correct.			
Executed in Tarrant	_County, State of, on the	he 28th	y of Septement)	, 20 <u>2</u> (year)
	he			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE		
	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 count of business.		Certificate Number: 2022-938727			
	Lonestar Freightliner Group LLC dba Lonestar Truck Group T	emple		a. eu		
<u> </u>	Temple, TX United States		ate Filed: 0/27/2022			
2	Name of governmental entity or state agency that is a party to th being filed.	entity of state agency that is a party to the contract for which the form is				
	City of Killeen		Date Acknowledged: 10/26/2022			
2	Provide the identification number used by the governmental enti	ity or state agency to track or i			vide a	
3	description of the services, goods, or other property to be provide		idoniny in	o contract, and pro-	illo u	
	601-19					
	Heavy Duty Truck Parts					
4	!				finterest	
	Name of Interested Party	City, State, Country (place o	f business	· —		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my	date of birtl	h is	·	
	My address is(street)	,(city)	,	,(zip code)	(country)	
	(street)	(City)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed inCounty	y, State of,	on the	day of	, 20	
				(month)		
		Signature of authorized agen	t of control	ting husiness entity		
		Signature of authorized agen (Declarar		ung pusitiess etitily		

FORM **1295**

					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	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Central Texas Auto Parts, Inc.		2022-939	9193		
	Killeen, TX United States		Date Filed	i:		
2	Name of governmental entity or state agency that is a party to the contract for which the fo	orm is	09/28/202	22		
	being filed.					
	City of Killeen		Date Ackr	nowledged:		
3	Provide the identification number used by the governmental entity or state agency to track description of the services, goods, or other property to be provided under the contract.	k or identify t	he contra	ct, and prov	ide a	
	032521-GPC					
	Automotive, Truck, and Industrial parts, tires, accessories, and commodities					
4				Nature of	interest	
	Name of Interested Party City, State, Country (plac	ce of busine	ss)	(check ap	plicable)	
			Co	ontrolling	Intermediary	
					-	
_						
				,		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is <u>Gene C. Lutz</u> , and	d my date of b	irth is 09	9/21/1970		
	My address is 1200 E. Stan Schlueter Loop, Ste 101A , Killeen (city)	, <u>TX</u> (sta		542 (zip code)	, <u>U.S.A</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in BellCounty, State ofCounty, State of	, on the <u>2</u>	8th_day c	of <u>Septemb</u>	<u>er,</u> 20 <u>22</u> . (year)	
				(monun)	(year)	
	Signature of authorized a	agent of contr	acting bus	siness entity		

FORM **1295**

	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.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2022-939193			
	Central Texas Auto Parts, Inc.		202	2-959195		
	Killeen, TX United States	een, TX United States				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	09/2	28/2022		
	being filed.					
	City of Killeen	Date Acknowledged: 10/26/2022				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		tify the c	contract, and prov	vide a	
	032521-GPC					
	Automotive, Truck, and Industrial parts, tires, accessories, and	d commodities				
4				Nature of	interest	
-	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	<u> </u>	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth i	s		
	Mar address is					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	it.				
	Executed inCounty	y, State of, on t	ne	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of (Declarant)	contractir	ng business entity		

FORM **1295**

					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.		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's pla	ce Cer	tificate Number:	
	O'Reilly Auto Enterprises LLC DBA O'Reilly Auto Parts		202	22-939062	
	Springfield, MO United States		Dat	e Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form	is 09/	28/2022	
	being filed. City of Killeen		Dat	e Acknowledged	:
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to the services.		identify the	contract, and pro	vide a
	180603 Automotive Parts				
	Automotive Faits				
4					of interest
	Name of Interested Party	City, State, Country (place o	of business)		pplicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Misty Burge	, and my	date of birth	is 12/06/198	1
	My address is 233 S. Patterson Ave	Springfield	, <u>MO</u>	65802	USA_
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Greene Count	y, State of Missouri	on the 28	day of Sentem	ber 20 22
	Count	y, Jiaie 01,	on the	_day of <u>Septem</u> (month)	
		7.1: , 0			
		Musty Bur Signature of Authorized aged	ge		
		Signature of Authorized age	of contracti	ng business entity	

FORM **1295**

					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.		CE	OFFICE USE		
1		of business entity filing form, and the city, state and country of the business entity's place			OF FILING	
	of business.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ificate Number: 2-939062		
	O'Reilly Auto Enterprises LLC DBA O'Reilly Auto Parts Springfield, MO 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		18/2022		
	being filed.		<u>.</u>			
	City of Killeen			Date Acknowledged: 10/26/2022		
3	Provide the identification number used by the governmental enti-	ty or state agency to track or identif				
5	description of the services, goods, or other property to be provide		,			
	180603					
	Automotive Parts					
4	!			Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	Intermediary	
				Controlling	intermedial y	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	s		
	My address is		,		,	
	(street)	(city) (state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCounty	y, State of, on the		day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co	ntractin	ng business entity		
		(Declarant)		J		

FORM **1295**

					1 of 1	
Complete Nos. 1 - 4 and 6 if t Complete Nos. 1, 2, 3, 5, and			CEI	OFFICE USE		
Name of business entity filing form, and the city, state and country of the business entity's place of business. Southern Tire Mart, LLC Columbia, MS United States			2022	Certificate Number: 2022-938821 Date Filed:		
being filed.				Date Acknowledged:		
		nmental entity or state agency to track or ide to be provided under the contract.	entify the co	ontract, and pro	vide a	
4 Name of I	nterested Party	City, State, Country (place of b	usiness)		f interest oplicable) Intermediary	
Duff, Thomas		Columbia, MS United States	;	х		
Duff, James		Columbia, MS United States	;	Х		
5 Check only if there is NO In	terested Party.					
6 UNSWORN DECLARATION	-11			0/10/50		
My name is Richard Con	1Will	, and my da	te of birth is	9/10/30	·	
My address is 800 Hig	hway 98 (street)	Columbia (city)	, MS (state)	39429 (zip code)	, USA (country)	
I declare under penalty of per	jury that the foregoing is tru	ue and correct.				
Executed in Marion		County, State of MS, on	the <u>27</u>	day of Sept. (month)	, 20_ <mark>22</mark> . (year)	
		Richard Conun		g business entity		
		(Declarant)	,	-		

FORM **1295**

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.	_		OFFICE USE		
	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 count of business.	try of the business er		Certificate Number: 2022-938821		
	Southern Tire Mart, LLC					
	Columbia , MS United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which		09/27/2022		
	City of Killeen			Date Acknowledged: 10/26/2022		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided			he contract, and pro	vide a	
	636-21 Tires					
_	·	<u> </u>		Nature o	f interest	
4	Name of Interested Party	City, State, Country	y (place of busines	ss) (check ar	oplicable)	
				Controlling	Intermediary	
Dı	uff, James	Columbia, MS Ur	nited States	X		
Di	uff, Thomas	Columbia, MS Ur	nited States	Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		, and my date of bi	irth is	·	
	My address is	,	,	,	_,·	
	(street)	(city)	(state	te) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	it.				
	Executed inCounty	y, State of	, on the			
				(month)	(year)	
		Signature of author	rized agent of contra (Declarant)	acting business entity		