

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

Certificate Number:
2019-496615

Date Filed:
05/28/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
COBAN TECHNOLOGIES, INC.
Houston, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Killeen Police Department

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.
185940
Turnkey In-Car Video Systems and Digital Evidence Management solutions for law enforcement use.

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 J. MARK GRIFFIN, and my date of birth is 1/5/61.

My address is 11375 W. SAM HOUSTON HWY (street) S. #800 (city) HOUSTON, TX (state) 77031 (zip code) USA (country)

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

Executed in HARRIS County, State of TEXAS, on the 28 day of MAY, 2019.
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2019-496615

Date Filed:
 05/28/2019

Date Acknowledged:
 07/12/2019

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 Houston, TX United States

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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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)