

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:
2022-891407

Date Filed:
05/25/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Life Line Billing Systems, LLC (LifeQuest Services)
Wautoma, WI United States

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, Texas

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.

RFP No. 22-14
Emergency Medical Services Billing (EMS) and Fire Service Fee Recovery

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Carnes, Greg	Winston Salem, NC United States		X
	Beck, Kevin	Wautoma, WI United States		X
	Finn, Michael	Wautoma, WI United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Michael J. Finn, and my date of birth is 16, Nov. 1962

My address is 1134 W. Fullerton Ave Chicago IL 60614 COOK
(street) (city) (state) (zip code) (country)

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

Executed in Waukegan County, State of WI, on the 26 day of May, 2022
(month) (year)

Michael J. Finn
Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2022-891407

Date Filed:
05/25/2022

Date Acknowledged:
06/30/2022

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	Carnes, Greg	Winston Salem, NC United States		X
	Beck, Kevin	Wautoma, WI United States		X
	Finn, Michael	Wautoma, WI United States		X

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)