

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.

Southern Bleacher Company, Inc.
Graham, TX United States

Certificate Number:
2022-941577

Date Filed:
10/06/2022

Date Acknowledged:

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

City of Kileen

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.

TMP-22-472
Bleacher Replacement for rodeo arena

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pettus, Wyatt	Graham, TX United States	X	
	Pettus, Garrett	Graham, TX United States	X	
	Pettus, Jo Ann	Graham, TX United States	X	
	Southern Bleacher Holdings, Inc.	Graham, TX United States	X	

5 Check only if there is NO Interested Party. ☐


6 UNSWORN DECLARATION

My name is Garrett Pettus, and my date of birth is 3/23/74.

My address is P.O. Box 1 (street), Graham (city), TX (state), 76450 (zip code), USA (country).

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

Executed in Young County, State of Texas, on the 6th day of October, 20 22.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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Southern Bleacher Company, Inc.
Graham, TX United States

Certificate Number:
2022-941577

Date Filed:
10/06/2022

Date Acknowledged:
10/26/2022

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City of Kileen

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	Southern Bleacher Holdings, Inc.	Graham, TX 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)