CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

L				1 01 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.	CE	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:				
	GT DISTRIBUTORS, INC	2016	2016-147359				
	AUSTIN, TX United States	Date	Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is	12/1	12/16/2016				
	being filed. CITY OF KILLEEN	Date	Date Acknowledged:				
	OF RILLER	Date	Date Acknowledged.				
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.						
	2017						
	AMMUNITION						
4			Nature o	of interest			
	Name of Interested Party City, State, Country (place of business)	iness)		pplicable)			
			Controlling	Intermediary			
_							
			-				
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT						
	CAROL A. STAFFORD My Notary ID # 12195368 Expires December 18, 2020 Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the saidALEXIS M. HOSTETTER, this the16thday ofDECEMBER, to16, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Corol A. Stoffer d Printed name of officer administering oath		COUNTING officer administerin	ng oath			

CERTIFICATE OF INTERESTED PARTIES

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	me of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2016-147359				
	GT DISTRIBUTORS, INC		2010	-147339				
	AUSTIN, TX United States		Date I	Filed:				
2	Name of governmental entity or state agency that is a party to the	12/16/2016						
	being filed.							
	CITY OF KILLEEN			Acknowledged:				
				5/2017				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided by the governmental entropy of the services.		y the co	ontract, and pro	vide a			
	2017							
	AMMUNITION							
_				Nature of interest				
4	Name of Interested Party City, State, Country (place of busin		ness)	ess) (check applicable)				
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.							
		Signature of authorized agent of cor	ntracting	business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said	, this the		day of	,			
	20, to certify which, witness my hand and seal of office.							
	Signature of officer administering oath Printed name of	ath Printed name of officer administering oath						
	Timed fulle of	wanning outil		officer administer	9			