

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:
2024-1135085

Date Filed:
03/15/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Blue Cross and Blue Shield of Texas, a Division of HCSC, a Mutual Legal Reserve Company
Richardson, 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.
The City of Killeen

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. 24-30
Medical

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 Jason Motter, and my date of birth is 02/10/1970.

My address is 1001 East Lookout Drive, Richardson, TX, 75082, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Collin County, State of Texas, on the 27th day of March, 2024.
(month) (year)

Vice President, Sales and Account Management

Signature of authorized agent of contracting business entity
(Declarant)