

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.

HCS Inc. Commercial General Contractor
Waco, TX United States

Certificate Number:
2022-934198

Date Filed:
09/15/2022

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 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.

KCDBG20.06A-1/22-39
General Construction Services

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 Simon Lucas, and my date of birth is 03-08-1974.

My address is 365 Wayside Drive, Waco, TX, 76705, US.
(street) (city) (state) (zip code) (country)

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

Executed in McLennan County, State of Texas, on the 15th day of September, 2022.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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HCS Inc. Commercial General Contractor
Waco, TX United States

Certificate Number:
2022-934198

Date Filed:
09/15/2022

Date Acknowledged:
10/19/2022

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

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KCDBG20.06A-1/22-39
General Construction Services

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)