## **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.		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		Cert	Certificate Number:		
		202	2024-1204703		
·		Date	Date Filed:		
2 Name of governmental entity or state agency that is a party to the contract for which the form is		08/2	08/23/2024		
· ·		D-4-	Data Acknowledged:		
Killeen Fire Department		Date	Date Acknowledged.		
		ntify the o	contract, and pro	vide a	
10947209					
Stryker Emergency Care equipment for EMS treatment and to	ransport.				
			Nature of interest		
Name of Interested Party City, State, Country (place o		usiness)		(check applicable)	
			Controlling	Intermediary	
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
My name is Peter Ullman	, and my da	te of birth i	October 17	7,1985	
My address is 2854 Diego Ct	, Round Rock	TX	78665	, USA	
(street)	(city)	(state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct	et.				
Executed in Williamson Count	y, State of Texas . on	the _23	_day of August	, <sub>20</sub> _ <b>24</b>	
			(month)	(year)	
	Peter Ullman				
Signature of authorized agent of contracting business entity  (Declarant)					
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and coun of business.  Stryker Sales Corp. LLC Kalamazoo, MI United States  Name of governmental entity or state agency that is a party to the being filed.  Killeen Fire Department  Provide the identification number used by the governmental entity or of the services, goods, or other property to be provided scription of the services, goods, or other property to be provided to provide the identification number used by the governmental entity of interested Party  Name of Interested Party  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Peter Ullman  My address is 2854 Diego Ct  (street)  I declare under penalty of perjury that the foregoing is true and correct Executed in Williamson  Count	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Stryker Sales Corp. LLC Kalamazoo, MI United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Killeen Fire Department  Provide the identification number used by the governmental entity or state agency to track or ide description of the services, goods, or other property to be provided under the contract.  10947209  Stryker Emergency Care equipment for EMS treatment and transport.  Name of Interested Party  City, State, Country (place of business)  Name of Interested Party  City, State, Country (place of business)  Unsworn Declaration  My name is Peter Ullman  My address is 2854 Diego Ct  (street)  (city)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Williamson  County, State of Texas  On Poten Ullman  County, State of Texas	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  Stryker Sales Corp. LLC Kalamazoo, MI United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Killeen Fire Department  Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract.  10947209  Stryker Emergency Care equipment for EMS treatment and transport.  City, State, Country (place of business)  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Peter Ullman  My address is 2854 Diego Ct Return Ry (state)  (street) Round Rock TX (state)  (city) Round Rock TX (state)	CERTIFICATION Name of business entity filing form, and the city, state and country of the business entity's place of business.  Stryker Sales Corp. LLC Kalamazoo, MI United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  Killeen Fire Department  Provide the identification number used by the governmental entity or state agency to track or identity the contract, and providescription of the services, goods, or other property to be provided under the contract.  Name of Interested Party  City, State, Country (place of business)  Nature of (check and Controlling)  Name of Interested Party  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is Peter Ullman  My name is Peter Ullman  My name is Peter Ullman  My address is 2854 Diego Ct  (street)  County, State of Texas  On the 23 day of August  (month)  Patau Williamson  County, State of Texas  Signature of authorized agent of contracting business entity  Signature of authorized agent of contracting business entity  Signature of authorized agent of contracting business entity	