

# 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:  
 2024-1204703

Date Filed:  
 08/23/2024

Date Acknowledged:

**1 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

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

**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.**  
 10947209  
 Stryker Emergency Care equipment for EMS treatment and transport.

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 Peter Ullman, and my date of birth is October 17, 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.

Executed in Williamson County, State of Texas, on the 23 day of August, 2024.  
(month) (year)

*Peter Ullman*  
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 Signature of authorized agent of contracting business entity (Declarant)