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.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Centerline Supply Inc.			Certificate Number: 2023-1106518		
2	Grand Prairie, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Killeen			Date Filed: 12/21/2023 Date Acknowledged:		
Seria.	Control 16 Instrumentation Control	the contract and provide a				
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. BID 24-16 Glass Beads					
4	Name of Interested Party	City, State, Country (place of business)		(check ap	Nature of interest (check applicable) Controlling Intermediary	
Ri	chmond, Shane	Grand Prairie, TX United States		X	intermediary	
	0 -					
5	Check only if there is NO Interested Party.			×		
6	UNSWORN DECLARATION			64 4	2	
	My name is SHANS RICHMOND	, and my date of b	oirth is	7/23/7	9	
	My address is SSSS (street)	(city) (sta	<u>(</u>	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct. Executed in					
				(month)	(year)	
	SSA					
	Signature of authorized agent of contracting business entity (Declarant)					

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.					
Name of business entity filing form, and the city, state and confidence. Crafco, Inc. Chandler, AZ United States	Crafco, Inc.					
2 Name of governmental entity or state agency that is a party t	to the contract for which the form is	Date Filed: 12/04/2023	Date Filed: 12/04/2023			
City of Killeen, Texas	seing med.					
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. 24-16 Street Construction Materials						
4 Name of Interested Party	City, State, Country (place of busin	Nature of interest (check applicable)				
•	only character branch (place of busine	Controlling	Intermediary			
Ergon, Inc.	Jackson, MS United States	Х				
Johnson, Gary	Chandler, AZ United States	Х				
ampton, William W.	Jackson, MS United States	Х				
Burns, John Baxter	Jackson, MS United States	X				
ampton, Robert	Jackson, MS United States	х				
Stabler, Robert	Chandler, AZ United States	Х				
Gautier, Gail	Chandler, AZ United States	Х				
iems, Todd	Chandler, AZ United States	Х				
Check only if there is NO Interested Party.						
UNSWORN DECLARATION						
My name is Todd Ziems	, and my date of bi	_{irth is} May 4, 196	8			
My address is 6165 W. Detroit St.	Chandler AZ	85226	USA			
(street)	(city) (stat	te) (zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.						
Executed in MARICOPACour	cuted inMARICOPAcounty, State of ARIZONA, on the					
-	Signature of authorized agent of contracting business entity					
	(Declarant)	S				

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 coun of business.	try of the busines	s entity's place	Certificate Numbe	r:		
	D.I.J. Construction, Inc.			2023-1106677			
	Bertram, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for whi	ch the form is	12/21/2023			
	City of Killeen			Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency ded under the con	to track or identify tract.	the contract, and p	rovide a		
	24-16						
	Pavement Marking Materials						
4					Nature of interest		
•	Name of Interested Party	City, State, Cou	ntry (place of busing	ess) (check	applicable)		
_					Intermediary		
Flo	oyd, Daniel	Bertram, TX L	Inited States	X			
_							
_							
_							
_	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Tim D. Jarma		, and my date of b	oirth is Nov 11,	1967		
	My address isP.O. Box 1609	,Bert	ram T	X , 78605	_,_ USA		
	(street)	(cil	y) (sta	ate) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in BurnetCounty	y, State ofTe	xas, on the _	21 day of Dec	20_23_		
		1		(mont	n) (year)		
	lub ho						
		Signature of aut	horized agent of contr	racting business enti	ty [
	(Declarant)						

FORM 1295

1 of 1

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	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete 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 business.			icate Number:		
	Killeen Crushed Stone		2023-	-1106771		
	KILLEEN, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the obeing filed.	contract for which the form is	12/22/2023			
	City of Killeen		Date Acknowledged:			
	·					
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify	the co	ontract, and prov	ride a	
	24-16 Street Construction Mate	a allaot allo collabora				
	Street Materials/Concrete					
_	T:			Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	(check applicable)			
				Controlling	Intermediary	
			_			
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Sheffo, and my date of birth is 2/10/1975					
	My address is 1/84 Morgan Ar (street)	Temple T (sity)	ate)	76502 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in					
	1. SI-					
		tractin	g business entity	-		
		(Declarant)				

FORM **1295**

1 of 1

	mplete Nos. 1 - 4 and 6 if there are interested parties. mplete 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 cour of business.	and the city, state and country of the business entity's place			Certificate Number: 2023-1106403			
	Texas Materials Group, Inc.		202	3-1100403				
	Cedar Park, TX United States		10/0	e Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form	is 12/2	20/2023				
	City of Killeen		Date	e Acknowledged:				
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov		identify the o	contract, and prov	ride a			
	24-16 Providing hot mix and cold mix asphalt							
4			Nature of					
	Name of Interested Party	City, State, Country (place of busin		(check ap				
				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		1:	,	,			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and corre	ct.						
	Executed inCoun	ty, State of,	on the	_day of(month)	, 20 (year)			
	لہ ۸	am Nawaa	Digitally signed by Ad DN: C=US, E=adam.r	,				
	Ad	am Newsom			Newsom			
	Signature of authorized agent of contracting business entity							