

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:
 2022-882818

Date Filed:
 05/05/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 ZOLL MEDICAL CORPORATION
 Chelmsford, MA United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Killian 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.
 purchase AutoPulse product
 to purchase AutoPulse and accessories

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Killeen Fire Department	Killeen, TX United States		X

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Craig Stowell _____, and my date of birth is 04/23/1972.

My address is 269 Mill Road _____, Chelmsford _____ MA _____, 01824 _____, USA _____.
(street) (city) (state) (zip code) (country)

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

Executed in Middlesex _____ County, State of MA _____, on the 6th day of May _____, 2022 _____.
(month) (year)

DocuSigned by:


966ECBE3491144A... Signature of authorized agent of contracting business entity (Declarant)

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2022-882818

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			Controlling	Intermediary
	Killeen Fire Department	Killeen, TX United States		X

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)