

# 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.**

Bound Tree Medical, LLC  
Dublin, OH United States

Certificate Number:  
2024-1207169

Date Filed:  
08/28/2024

**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

Date Acknowledged:

**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.**

704-23  
Pharmaceuticals

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	N/A			

**5 Check only if there is NO Interested Party.**


**6 UNSWORN DECLARATION**

My name is Christopher Fyffe and my date of birth is 12/28/1984

My address is 3236 Yellow Finch Way, Columbus, OH, 43016, USA  
(street) (city) (state) (zip code) (country)

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

Executed in Franklin County, State of Ohio, on the 28th day of August, 2024.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

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## 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.**  
Henry Schein Medical  
Friendswood, TX United States

**Certificate Number:**  
2021-810837

**Date Filed:**  
10/08/2021

**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 FD

**Date Acknowledged:**  
11/15/2021

**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.**  
610-20  
Medical supplies and equipment

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

**5 Check only if there is NO Interested Party.**

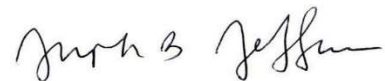
**6 UNSWORN DECLARATION**

My name is Joe Jefferies, and my date of birth is 04/17/1965.

My address is 2907 Palmer Drive, Friendswood, TX, 77546, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

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

Executed in Galveston County, State of Texas, on the 29th day of August, 2024.  
(month) (year)



\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

