

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Noš. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2023-1018679

Date Filed:
05/10/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

HEIL OF TEXAS
IRVING, TX United States

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

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.

Buyboard 686-22
Refuse Body Parts

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.



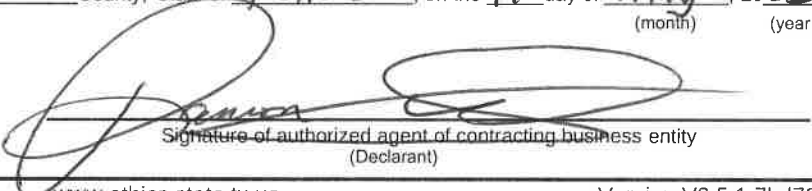
6 UNSWORN DECLARATION

My name is Ramon Martinez, and my date of birth is 4-8-79.

My address is 1440 S. Loop 12 Irving TX 75060 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Dallas County, State of Texas, on the 11 day of May, 2023.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)