

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.

Tequipment.net
Long Branch, NJ United States

Certificate Number:
2017-180936

Date Filed:
03/21/2017

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

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.

1566127
Electronic test and measurement equipment.

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 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Stacie Skolnik
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Stacie Skolnik, this the 21 day of March, 2017, to certify which, witness my hand and seal of office.

Kimberly A. Silletto-Sambucci Kimberly A. Silletto-Sambucci Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

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Complete Nos. 1 - 4 and 6 if there are interested parties.
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**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2017-180238

Date Filed:
 03/20/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Safeware, Inc.
 Lanham , MD 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 Police Department

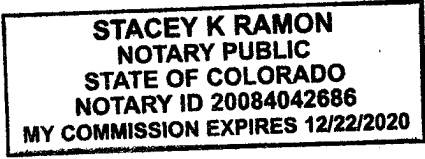
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 1493089
 Avon Respirators

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 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Diana M Mularkey
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana M Mularkey, this the 21 day of March, 2017, to certify which, witness my hand and seal of office.

Stacey K Ramon
 Signature of officer administering oath

Stacey K Ramon
 Printed name of officer administering oath

Notary Public
 Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

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OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2017-180770

Date Filed:
03/21/2017

Date Acknowledged:

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

GT DISTRIBUTORS, INC
AUSTIN, 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.

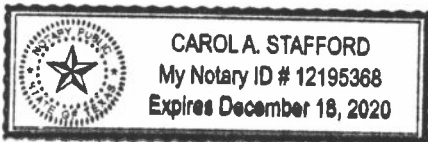
QTE0086440
BODY ARMOR

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 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALEXIS M. HOSTETTER, this the 21st day of MARCH, 2017, to certify which, witness my hand and seal of office.

Carol A. Stafford Carol A. Stafford Accounting
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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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.

The Armored Group, LLC
Phoenix, AZ United States

Certificate Number:
2017-180546

Date Filed:
03/20/2017

Date Acknowledged:

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

The 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.

JJ170209A
Roof Cargo Box

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
The Armored Group, LLC	Phoenix, AZ United States	X	

5 Check only if there is NO interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

Jeremy Johnson
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said entity, Jeremy Johnson, this the 21ST day of MARCH, 2017, to certify which, witness my hand and seal of office.

Sheila W. Rehagen
Signature of officer administering oath

Sheila W. Rehagen
Printed name of officer administering oath

ARVEST Private Banking Spec.
Title of officer administering oath

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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.
NORTH AMERICAN RESCUE, LLC
GREER, SC United States

Certificate Number:
2017-189325.

Date Filed:
04/07/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
KILLEEN POLICE 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.

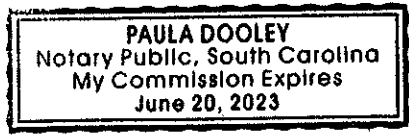
85-1238
85-1238, KIT, EAGLE - BLK

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 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Jennifer McCallion
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JENNIFER McCallion, this the 11th day of April, 2017, to certify which, witness my hand and seal of office.

Paula Dooley
Signature of officer administering oath

Paula Dooley
Printed name of officer administering oath

Business Manager
Title of officer administering oath