

# 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.

Viking Construction, Inc  
GEORGETOWN, TX United States

Certificate Number:  
2022-846705

Date Filed:  
02/03/2022

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.

Bid # 22-15  
SLURRY SEAL SERVICES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	REIMSCHILSSEL, ERIC	LAS VEGAS, NV United States	X	

5 Check only if there is NO interested Party.

### 6 UNSWORN DECLARATION

My name is ADELE WRIGHT, and my date of birth is 10-12-1971

My address is 229 KILLIAN LOOP, HUTTO, TX, 78634, USA  
(street) (city) (state) (zip code) (country)

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

Executed in WILLIAMSON COUNTY County, State of TEXAS, on the 3 day of FEB, 2022  
(month) (year)

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

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CERTIFICATION OF FILING**

**Certificate Number:**  
2022-846705

**Date Filed:**  
02/03/2022

**Date Acknowledged:**  
04/14/2022

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Viking Construction, Inc  
GEORGETOWN, TX United States

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			Controlling	Intermediary
	REIMSCHILSSEL, ERIC	LAS VEGAS, NV 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)