FORM 1295

1 of 2

_		
	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	of business. Asphalt Inc.,LLC dba Lone Star Paving Company	Certificate Number: 2024-1249429
2	Austin, TX United States 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 Filed: 12/16/2024 Date Acknowledged:
i		

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.

COK- IFB #25-09

Street Construction Material Supply for the City of Killeen, IFB #25-09.

4 Name of Interested Party City, Stat		City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
Spinn, Steve		Austin, TX United States	х	
Naivar, Joe		Austin, TX United States	X	
Knox, Allen		Austin, TX United States	×	
Condon, Josh	1.000	Austin, TX United States	Х	
Wheeler, Jack		Austin, TX United States	х	
Morisey, Greg		Austin, TX United States	X	
Flores, Alex		Austin, TX United States	X	
Liggett, Ben		Austin, TX United States	Х	
Ohlendorf, Ryan		San Antonio, TX United States	X	
Playfair, Thomas		Austin, TX United States	Х	
·	,			

			·····	2 of 2
	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.	CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Asphalt Inc.,LLC dba Lone Star Paving Company Austin, TX United States	2024 Date	ficate Number: I-1249429 Filed:	
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		6/2024 Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to track or ide description of the services, goods, or other property to be provided under the contract. COK- IFB #25-09 Street Construction Material Supply for the City of Killeen, IFB #25-09.	entify the co	ontract, and pro	vide a
4	Name of Interested Party City, State, Country (place of b	ousiness)	Nature o (check ar Controlling	f interest oplicable) Intermediary
				and modern
5	Check only if there is NO Interested Party.			
	L			
	My name is, and my date, and my date	te of birth is	08/30/	1982
	My name is Alex Flores , and my da My address is 205 S. Saw Grass Lane , beorgetown (city)	, <u>TX</u> , (state)	78 633 (zip code)	Country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed in Travis County, State of Trans, on	the <u>16</u> 4	day of <i><u>Necembe</u></i> (month)	7, 20 <u>24</u> . (year)
		رود از در در د	m_AASPMANAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
	Signature of authorized agent o (Declarant)	f contracting	g business entity	

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		
Name of business entity filing form, and the city, state and country of the business entity's place of business. Crafco, Inc.		Certificate Number: 2024-1249326		
Chandler, AZ United States		Date Filed:		
2 Name of governmental entity or state agency that is a party to	the contract for which the form is	12/16/2024		
being filed. City of Killeen, Texas		Date Acknowledged:		
3 Provide the identification number used by the governmental er	atity or state agency to track or identify	the contract and prov	vide a	
description of the services, goods, or other property to be prov		the contract, and prov	iuc a	
25-09 Street Construction Materials				
4		Nature of	19090 000000000	
Name of Interested Party	City, State, Country (place of busine	·		
		Controlling	Intermediary	
Ergon, Inc.	Jackson, MS United States	X		
Johnson, Gary	Chandler, AZ United States	X		
Lampton, William W.	Jackson, MS United States	X		
Lampton, Robert	Jackson, MS United States	X		
Stabler, Robert	Chandler, AZ United States	X		
Gautier, Gail	Chandler, AZ United States	X		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is Gail Gautier	, and my date of I	birth is February 2	4, 1962	
My address is 6165 W. Detroit St.	Chandler , AZ	85226	USA	
(street)	(city) (sta	ate) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and corre	ect.			
Executed in Maricopa Cour	nty, State of Arizona, on the _	16th _{day of} Decemb	per ₂₀ 24	
A . 1)	, 51, 11, 12	(month)	(year)	
ANGIE HOAGLIN Notary Public - State of Arizona MARICOPA COUNTY	al Marth			
Commission # 647979 Exercises June 1: 2027	Signature of authorized agent of cont (Declarant)	racting business entity		

					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.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and coun of business. D.I.J. Construction, Inc. Bertram, TX United States	ntry of the business entity's place	Cer 202	rtificate Number: 24-1249527 te Filed:	
2	Name of governmental entity or state agency that is a party to the being filed. City of Killeen	ne contract for which the form is		16/2024 e Acknowledged:	:
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi Bid #25-09 Street Construction Materials Thermoplastic & Glass Bead	ded under the contract.	ntify the	contract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of b	usiness)	1	f interest pplicable) Intermediary
Fl	oyd, Danny	Bertram, TX United States		х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Kellen Floyd	, and my dat	e of birth i	is <u>05/05/198</u>	9
	My address is 2336 CR 252 (street)	Bertram (city)	TX (state)	, <u>78605</u> (zip code)	, <u>US</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Burnet Count	y, State of <u>Texas</u> , on	the <u>16</u>	day of <u>Dec.</u> (month)	, 20 <u>24</u> . (year)
		Signature of authorized agent of (Declarant)	contractir	ng business entity	

							1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested					OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2024-1249588		
Killeen Crushed Stone KILLEEN, TX United States					Date l	Filed:		
2	Name of governmental entity or state agency that is being filed.	a party to the	e contract for which th	ne form is	12/16	5/2024		
						ate Acknowledged:		
3	Provide the identification number used by the govern description of the services, goods, or other property	nmental entity to be provid	ty or state agency to t led under the contract	rack or identify t.	the co	ontract, and prov	/ide a	
	25-09 Street Construction Materials							
4	Managard Andrew And Books		City State Court	(place of busin	005)	Nature of		
	Name of Interested Party		City, State, Country	(hiace of brigin	c55)	(check ap	Intermediary	
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is <u>Jayson Shatto</u>			and my date of	birth is	2-10-1975		
	My address is 11184 Morgan Drive (street)		, Temple (city)	, <u>TX</u>	state)	76502 (zip code)	Bell (country)	
	I declare under penalty of perjury that the foregoing is tr	rup and corre		,	,	V 1 2 1	` "	
				- 0	16	Januar Docombo	ur 00.24	
	Executed in Bell	Count	ty, State of TX	, on the	10	day of December (month)		
	GUADALUPE MARIE STEINBERG	7		11	1	7		
	Notary Public, State of Texas Comm. Expires 06-20-2028 Notary ID 134954904		Signature of author	ized agent of coi (Declarant)	ntractir	ig business entity	,	
_	Towas Ethics Commit@htm	JANANAI OF	hice etate ty us	ALL CONTRACTOR AND A STATE OF THE STATE OF T	_	Vargion \	/4 1 0 5dd2ace	

					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	
1	Name of business entity filing form, and the city, state and country of the of business.	ne business entity's place	Certifi	icate Number:	
	Killeen Ready Mix		2024-	1249390	1
	Killeen, TX United States		Date F	iled:	
2	Name of governmental entity or state agency that is a party to the contr	act for which the form is	12/16	/2024	
	being filed.		D	Natura e de la manda	
	City of Killeen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entity or st description of the services, goods, or other property to be provided und	tate agency to track or identify der the contract.	the co	ntract, and prov	ide a
	25-09 Street Materials				
4				Nature of	
•	Name of Interested Party City,	State, Country (place of busin	ess)	(check ap	
_				Controlling	Intermediary
_					
_					
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
		and my date of			
	My address is 1184 Morgan B-	Temple	TK	7650	2
	(street)		state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in	te of, on the	16	day of(month)	
	GUADALUPE MARIE STEINBERG	1	1	1	
	Notary Public, State of Texas Comm. Expires 06-20-2028	hature of authorized agent of co	ntractin	a husiness entity	
_	Motary ID 134954904 Motary ID 134954904 Manual Albics Commission	(Declarant)	, , u dotti		// 1 0 5dd2aca2