CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-994794 Collision Forensic Solutions Papillion, NE United States Date Filed: 03/15/2023 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Killeen Police Department / Killeen Texas 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. RTC360 / 03-15-2023 Leica RTC360 scanner with 3Yr. Silver CCP, Software, and training Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Papillion, NE United States Χ Selves, Michael 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION Michael L. Selves , and my date of birth is _ My name is _ USA 300 South Fillmore Street **Papillion** 68046 My address is _ (street) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. _County, State of _ Nebraska Executed in

Signature of authorized agent of contracting business entity (Declarant)