

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.**

Routeware Inc.
Portland, OR United States

Certificate Number:
2021-822340

Date Filed:
11/10/2021

Date Acknowledged:

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 Solid Waste

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.

Multi-year MA Renewal
Multi-year Master Agreement Renewal for services and support.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	K5 Private Investors, LP	Manhattan Beach, CA United	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

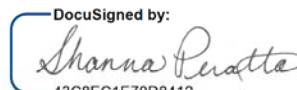
My name is Shanna Peralta, and my date of birth is _____.

My address is 16525 SW 72nd Ave, Portland, OR, 97224, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Washington County, State of Oregon, on the 10 day of Nov, 2021.
(month) (year)

DocuSigned by:



Signature of authorized agent of contracting business entity
(Declarant)

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.

Routeware Inc.
Portland, OR United States

Certificate Number:
2021-822340

Date Filed:
11/10/2021

Date Acknowledged:
12/16/2021

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 Solid Waste

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.

Multi-year MA Renewal
Multi-year Master Agreement Renewal for services and support.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	K5 Private Investors, LP	Manhattan Beach, CA United	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)