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 coof business. CALDWELL COUNTRY CHEVROLET CALDWELL, TX United States Name of governmental entity or state agency that is a party for	ountry of the business entity's place Certificate Number: 2021-831531 Date Filed:					
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:			
Provide the identification number used by the governmental of description of the services, goods, or other property to be property BUYBOARD CO-OP #601-19 NEW VEHICLE PURCHASES	entity or state agency to track or identify ovided under the contract.	the con	ntract, and pro	vide a		
4 Name of Interested Party	City, State, Country (place of busin	_ ′ ⊢		f interest oplicable) Intermediary		
SLATER, RYAN	Caldwell, TX United States		X	,		
HESTER, ZACH	Caldwell, TX United States	_	X	- <u>-</u>		
KNAPP, AVERYT	Caldwell, TX United States		х			
				-		
5 Check only if there is NO Interested Party.						
My name is KYSHUZAPATA	, and my date of	birth is _	7/9/10	183		
My address is PD BOX 27 (street)	Caldwell T	X. ate)	(zip code)	(country)		
Executed in BWICOW Con	-T0	l D_day	y of Dec (month)	, 20 21. (year)		
\rightarrow	Signature of authorized agent of cont	racting b	ousiness entity			

FORM **1295**

1 of 1

					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 parties.			OFFICE USE				
1	ame of business entity filing form, and the city, state and country of the business entity's place		_	CERTIFICATION OF FILING Certificate Number:				
_	of business.			1-831531				
	CALDWELL TY United States		D-4	- Filed:				
2	CALDWELL, TX United States	e contract for which the form is		e Filed: 10/2021				
_	being filed.	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed.						
	City of Killeen			e Acknowledged: 10/2021				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.				ride a			
	BUYBOARD CO-OP #601-19 NEW VEHICLE PURCHASES							
4				Nature of	interest			
•	Name of Interested Party	City, State, Country (place of bu	Country (place of business)		plicable)			
				Controlling	Intermediary			
SI	_ATER, RYAN	Caldwell, TX United States		Х				
HI	ESTER, ZACH	Caldwell, TX United States		X				
ΚI	NAPP, AVERYT	Caldwell, TX United States		Х				
				+				
				+				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is, and my date of birth is							
	My addrace is							
	My address is(street)	,, city)	(state)	,, (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	/, State of, on t	ne	_day of	, 20			
				(month)	(year)			
Signature of authorized agent of contracting business entity (Declarant)								

FORM 1295

F					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 US	E ONLY I OF FILING	
1	Name of business entity filing form, and the city, state and cour of business. Rockdale Country Ford	ntry of the business entity's place	Certificate Number: 2021-809467			
	Rockdale, TX United States		Date Fi	iled:		
2	Name of governmental entity or state agency that is a party to the being filed.	the contract for which the form is	10/05/	2021		
	City of Killeen		Date Acknowledged:			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 601-19 New Vehicles	tity or state agency to track or identify ided under the contract.	the con	tract, and pro	vide a	
4			$\overline{}$	Nature o	of interest	
	Name of Interested Party	City, State, Country (place of busine			k applicable)	
н	ESTER, Zach	Caldwell TV Hills & Co.		Controlling	Intermediary	
		Caldwell, TX United States		X		
SL	ATER, Ryan	Caldwell, TX United States		х		
K۱	IAPP, Averyt	Caldwell, TX United States	;	X		
					· · · · · · · · · · · · · · · · · · ·	
	Check only if there is NO Interested Party.					
5 (JNSWORN DECLARATION					
1	My name is, and my date of birth is				298	
١	My address is		(<u> </u>	(zip code)	(country)	
	declare under penalty of perjury that the foregoing is true and correct	ct. y, State of TXXI, on the	_ 	or Octob	W ₂₀ 21	
	<	Layber Nelm				
		Signature of authorized agent of contra (Declarant)	acting bu	siness 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			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2021-809467			
	Rockdale Country Ford			Date Filed:			
	Rockdale, TX United States		Date				
	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			10/05/2021 Date Acknowledged: 12/09/2021			
	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntify the c	contract, and prov	/ide a		
	601-19 New Vehicles						
4				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap	applicable)		
				Controlling	Intermediary		
HE	ESTER, Zach	Caldwell, TX United States		X			
SL	_ATER, Ryan	Caldwell, TX United States		X			
K١	NAPP, Averyt	Caldwell, TX United States		Х			
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 inCounty	y, State of, on t	the				
				(month)	(year)		
		Signature of authorized agent of	contractir	ng business entity			