## **CERTIFICATE OF INTERESTED PARTIES**

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 ONLY CERTIFICATION OF FILING |                     |  |  |  |
| 1              | Name of business entity filing form, and the city, state and country of the business entity's place                            |  |  | Certificate Number:                     |                     |  |  |  |
|                | business.  |  |  | 2022-926237                             |                     |  |  |  |
|                | Skydive Addiction LLC Harker Heights , TX United States  | Date   | Date Filed:  |   |                     |  |  |  |
| 2              | <del>_</del>   | time of governmental entity or state agency that is a party to the contract for which the form is  |  |   | 08/24/2022          |  |  |  |
|                | eing filed.  |  |  | Date Acknowledged:                      |                     |  |  |  |
|                | City of Killeen TX   |  |  |   | Date Acknowledged.  |  |  |  |
| 3              |  | e identification number used by the governmental entity or state agency to track or identify the contract, and provide a<br>n of the services, goods, or other property to be provided under the contract. |  |   |                     |  |  |  |
|                | 0001   |  |  |   |                     |  |  |  |
|                | Lease of Building Skylark Airport  |  |  |   |                     |  |  |  |
| 4              |  |  |  | Nature of interest                      |                     |  |  |  |
|                | Name of Interested Party City, State, Country  |  | business)  | (check ap                               |                     |  |  |  |
|                |  |  |  | Controlling X                           | Intermediary        |  |  |  |
| М              | aschek, Anthony  | Harker Heights, TX United  | Harker Heights, TX United States   |   |                     |  |  |  |
| Maschek, Scott |  | Harker Heights , TX United   | Harker Heights , TX United States  |   |                     |  |  |  |
|                |  |  |  |   |                     |  |  |  |
|                |  |  |  |   |                     |  |  |  |
|                |  |  |  |   |                     |  |  |  |
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|                |  |  |  |   |                     |  |  |  |
|                |  |  |  |   |                     |  |  |  |
| 5              | Check only if there is NO Interested Party.  |  |  |   |                     |  |  |  |
| 6              | UNSWORN DECLARATION  |  |  |   |                     |  |  |  |
|                | My name is scott maschek   | ate of birth i   | f birth is 19 June 1976  |   |                     |  |  |  |
|                | My address is 1906 Caribou Trail,  | Harker Heights   | _, TX,   | 76548                                   | , USA               |  |  |  |
|                | (street)   | (city)   | (state)  | (zip code)                              | (country)           |  |  |  |
|                | I declare under penalty of perjury that the foregoing is true and correct.   |  |  |   |                     |  |  |  |
|                | Executed in Bell   | County, State of Texas , o   | n the 24   | day of AUG                              | , <sub>20_</sub> 22 |  |  |  |
|                |  |  |  | (month)                                 | (year)              |  |  |  |
|                |  |  |  |   |                     |  |  |  |
|                |  |  | Signature of authorized agent of contracting business entity (Declarant) |   |                     |  |  |  |

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|  |   |                                   |            |   | 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 ONLY CERTIFICATION OF FILING |                    |  |  |  |  |
| 1  | ame of business entity filing form, and the city, state and country of the business entity's place f business.  |                                   |            | Certificate Number:<br>2022-926237      |                    |  |  |  |  |
|  | Skydive Addiction LLC   |                                   |            |   |                    |  |  |  |  |
|  | Harker Heights , TX United States   | •                                 |            |   |                    |  |  |  |  |
| 2  | Name of governmental entity or state agency that is a party to the  | 08/                               | 08/24/2022 |   |                    |  |  |  |  |
|  | being filed. City of Killeen TX   |                                   |            | Date Acknowledged:<br>09/28/2022        |                    |  |  |  |  |
|  |   |                                   |            |   |                    |  |  |  |  |
| 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. |                                   |            |   |                    |  |  |  |  |
|  | 0001  |                                   |            |   |                    |  |  |  |  |
|  | Lease of Building Skylark Airport   |                                   |            |   |                    |  |  |  |  |
| 4  |   |                                   |            | Nature of                               |                    |  |  |  |  |
|  | Name of Interested Party City, State, Country (place of busin   |                                   | business)  |   | (check applicable) |  |  |  |  |
|  |   |                                   |            | Controlling                             | Intermediary       |  |  |  |  |
| Maschek, Anthony   |   | Harker Heights, TX United S       | X          |   |                    |  |  |  |  |
| Maschek, Scott   |   | Harker Heights , TX United States |            | X                                       |                    |  |  |  |  |
|  |   |                                   |            |   |                    |  |  |  |  |
|  |   |                                   |            |   |                    |  |  |  |  |
|  |   |                                   |            |   |                    |  |  |  |  |
|  | -   |                                   |            |   |                    |  |  |  |  |
|  |   |                                   |            |   |                    |  |  |  |  |
|  |   |                                   |            |   |                    |  |  |  |  |
|  |   |                                   |            |   |                    |  |  |  |  |
| 5  | Check only if there is NO Interested Party.   |                                   |            | ,                                       |                    |  |  |  |  |
| 6  | UNSWORN DECLARATION   |                                   |            |   |                    |  |  |  |  |
|  | My name is  | , and my da                       | is         |   |                    |  |  |  |  |
|  | My address is   | ,                                 | _,         | ,                                       | ,·                 |  |  |  |  |
|  | (street)  | (city)                            | (state)    | (zip code)                              | (country)          |  |  |  |  |
|  | declare under penalty of perjury that the foregoing is true and correct.  |                                   |            |   |                    |  |  |  |  |
|  | Executed inCounty   | y, State of, or                   | n the      | _day of                                 | , 20               |  |  |  |  |
|  |   |                                   |            | (month)                                 | (year)             |  |  |  |  |
| Signature of authorized agent of contracting business entity |   |                                   |            |   |                    |  |  |  |  |
|  | (Declarant)   |                                   |            |   |                    |  |  |  |  |