CERTIFICATE OF INTERESTED PARTIES

FORM 1295

F					1 of 1																
l	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.																				
1	Name of business entity filing form, and the city state and country of the business			CERTIFICATION OF FILING																	
				Certificate Number: 2017-174516																	
	Hoyt Breathing Air Products West Tawakoni, TX United States	2017-174510																			
2				Date Filed:																	
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			03/03/2017																	
	City of Killeen			Date Acknowledged:																	
3	Provide the identification number and identification n																				
ľ	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.																				
	CSB #1411-015																				
	Self Contained Breathing Apparatus																				
4				Nature of interest																	
	Name of Interested Party City	City, State, Country (place of business)		(check applicable)																	
				Controlling	Intermediary																
			-																		
5	Check only if there is NO Interested Party.	9																			
	x x																				
6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.																					
MELISSA HAYDEN Notary Public, State of Texas Comm. Expires 01-04-2021 Notary ID 126603549 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE																					
							Sworn to and subscribed before me, by the said to the form to and subscribed before me, by the said to the form of the said to														
							20, to certify which, witness my hand and seal of office.														
														-	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
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CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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1	ame of business entity filing form, and the city, state and country of the business entity's place			Certificate Number: 2017-174516				
	Hoyt Breathing Air Products	2017-174516						
	West Tawakoni, TX United States	Date Filed:						
2	lame of governmental entity or state agency that is a party to the contract for which the form is			03/03/2017				
	being filed.							
	City of Killeen			Acknowledged:				
				L/2017				
3	Provide the identification number used by the governmental of description of the services, goods, or other property to be pro-		y the co	ontract, and pro	vide a			
	CSB #1411-015							
	Self Contained Breathing Apparatus							
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				Controlling	Intermediary			
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c	<u> </u>							
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		Signature of authorized agent of co	ntracting	business entity	_			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said			day of	,			
	20, to certify which, witness my hand and seal of office.							
	Signature of officer administering oath Printed name of officer administering oath Ti			itle of officer administering oath				
		=						