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	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number:		
	Tequipment.net		2017-180936			
	Long Branch, NJ United States		Date Filed:			
	Name of governmental entity or state agency that is a party to the	contract for which the form is	03/21/2017			
_	being filed.	e contract for which the form is	00/21/201/			
	City of Killeen		Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify ed under the contract.	the con	ntract, and prov	ide a	
	1566127					
	Electronic test and measurement equipment.					
4	Name of Interested Donts	6:t- 6:	Nature of interest			
	Name of Interested Party	City, State, Country (place of busine				
			-	Controlling	Intermediary	
,						
			+			
_						
		-				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above o	disclosure is true	and correct.	
	KIMBERLY A SILLETTO-SAMBUCCI Notary Public, State of New Jersey My Commission Expires January 05, 2022 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Stucie Skolnik, this the 21 day of March, 20 17, 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					

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		
Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number: 2017-180238		
Safeware, Inc. Lanham , MD United States	Date Filed:		

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

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.

1493089

Avon Respirators

4	Name of Interested Party City, State, Country (pl		Nature of interest	
4		City, State, Country (place of business)	(check applicable)	
			Controlling	Intermediary
1				
				i

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

STACEY K RAMON **NOTARY PUBLIC** STATE OF COLORADO NOTARY ID 20084042686 MY COMMISSION EXPIRES 12/22/2020 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

03/20/2017

Signature of authorized agent of contracting pusiness entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana M to certify which, witness my hand and seal of office.

Signature of officer administering oath

Title of officer administering oath

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. GT DISTRIBUTORS, INC				Certificate Number: 2017-180770		
2	AUSTIN, TX United States Name of governmental entity or state agency that is	a narty to th	as contract for which the form is		Date Filed: 03/21/2017		
	being filed.	a party to th	ie contract for which the form is	00/2	03/21/2017		
	CITY OF KILLEEN				Date Acknowledged:		
3	Provide the identification number used by the govern description of the services, goods, or other property	nmental enti	ity or state agency to track or ider	tify the c	ontract, and pro	vide a	
	QTE0086440	to be provid	aca ander the contract,				
	BODY ARMOR						
			1		Noture o	f intovert	
4	Name of Interested Party		City, State, Country (place of bu	siness)	Nature of interest (check applicable)		
_			,		Controlling	Intermediary	
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT	I swear or s	offirm under penalty of parity of the				
	CAROL A. STAFFORD My Notary ID # 12195368 Expires December 18, 2020 Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said ALEXIS M. HOSTETTER, this the21stday of _MARCH, 20_17, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printe	arol A	Stafford fficer administering oath		ounting	ng oath	
						20	

CERTIFICATE OF INTERESTED P	PARTIES		FOR	1295	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	es.	OFFICE USE ONLY CERTIFICATION OF FILIN			
of business.	me of business entity filing form, and the city, state and country of the business entity's place business. e Armored Group, LLC		Certificate Number: 2017-180546		
Phoenix, AZ United States			Filed:		
ame of governmental entity or state agency that is a party to the contract for which the form is eing filed. he City of Killeen		Date Acknowledged:			
Provide the identification number used by the government description of the services, goods, or other property to be JJ170209A Roof Cargo Box		ty the co	ontract, and pro	vide a	
Name of Interested Party	City, State, Country (place of busi	Nature of interest iness) (check applicable)			
			Controlling	Intermediary	
The Armored Group, LLC	Phoenix, AZ United States		х	The second second	
and the same of th					
		Direction of			
	4				
Check only if there is NO Interested Party.		_	-		
SHEILA W. REHAGEN Notary Public-Notary Seal State of Missouri, Greene County Commission # 15176801 My Commission Expires Aug 6, 2019	sear, or affirm, under penalty of perjury. Shart the				
Swom to and subscribed before me, by the said	ty, Jeremy John Sou, this the	2/-	day of M	NARCH,	
20	ice.			-	
Dets When sher sher	law Kenzgen ARVE	STPO	ivete Bank	ingspec.	

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	ry of the business entity's place	Certificate Number:		
	of business.		2017-189325		
	NORTH AMERICAN RESCUE, LLC		Data Filadi		
3	GREER, SC United States Name of governmental entity or state agency that is a party to the		Date Filed: 04/07/2017		
4	being filed.	o contract for miner the form is			
	KILLEEN POLICE DEPARTMEN T	Date Acknowledged:			
3	Provide the identification number used by the governmental entity		the contract, and pro	vide a	
	description of the services, goods, or other property to be provide	ed under the contract.			
	85-1238 85-1238, KIT, EAGLE - BLK				
	00-1200, NT, ENGLE - BEN				
4	Name of Internated Dortu	Char State Country Inless of husing		f interest oplicable)	
	Name of Interested Party	City, State, Country (place of busine	Controlling	Intermediary	
			9019	into into and a	
_					
l					
		a contraction of the contract			
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or af	affirm, under penalty of perjury, that the a	above disclosure is truc	e and correct.	
	PAULA DOOLEY				
	Notary Public, South Carolina	O A A A			
	My Commission Expires June 20, 2023	United I elalli	1		
		Signature of authorized agent of contr	racting business entity		
	V				
	AFFIX NOTARY STAMP / SEAL ABOVE	1. 1.			
	Sworn to and subscribed before me, by the said JENN RER	2 McRuon; this the	1th day of A	nnl _,	
	20 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
		. (
	Harda Stolls Paula E	Jooley Bus	iness Mana	w/r_	
	Signature of officer administering oath Printed name of off	fficer admin stering oath Tit	tle of officer administeri	ing path	