CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

								1 of 1	
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete 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. G T DISTRIBUTORS, INC AUSTIN, TX United States						Certificate Number: 2017-296664 Date Filed:		
2	Name of governmental entity or state agency that is a p being filed. CITY OF KILLEEN	t is a party to the contract for which the form is					12/22/2017 Date Acknowledged:		
3	Provide the identification number used by the governm description of the services, goods, or other property to 680-A1 AMMUNITION	ental entit be provid	y or state ed under t	agency to he contrac	track or identify t.	the co	ontract, and pro	vide a	
4	Name of Interested Party		City, Stat	e, Country	(place of busin	ess)	f interest pplicable) Intermedian		
							Controlling		
_									
_									
_									
_									
							·		
5	Check only if there is NO Interested Party.					_			
;	UNSWORN DECLARATION			, , , , , , , , , , , , , , , , , , , ,					
	My name is ALEXIS M HOSTETTER		<u> </u>		and my date of	birth is	03/14/1988	<u> </u>	
	My address is 12344 GRANTON COVE (street)		, <u>AUS</u>	City)	, (st	TX ate)	78754 (zip code)	TRAVIS (country)	
	I declare under penalty of perjury that the foregoing is true a	and correct							
	Executed inTRAVIS	County,	, State of _	TEXAS	, on the	22nd _d	ay of DECEMB	ER, 20_17 (year)	
				Die	02	_	,,	() 55.7	
	•	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.		OFFICE USE ONLY								
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CERTIFICATION OF FILING								
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2017-296664								
	G T DISTRIBUTORS, INC										
	AUSTIN, TX United States	JSTIN, TX United States									
2	Name of governmental entity or state agency that is a party to the being filed.	entity or state agency that is a party to the contract for which the form is									
	CITY OF KILLEEN		Date Acknowledged: 01/02/2018								
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.										
	680-A1										
	AMMUNITION										
4				f interest							
	Name of Interested Party City, State, Country (place of but		f business	' 	· · · · · · · · · · · · · · · · · · ·						
				Controlling	Intermediary						
5	Check only if there is NO Interested Party.										
6	UNSWORN DECLARATION										
	My name is	date of birth	f birth 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 the	day of	, 20						
				(month)							
		Signature of authorized agent	t of contract	ting husiness entity							
	Signature of authorized agent of contracting business entity (Declarant)										