CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

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	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2018-307851				
	Commercial Swim Management, LLC				2010 00.001			
	Pflugerville, 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			01/30/2018				
	being filed. City of Killeen			Date Acknowledged:				
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.							
	013018							
	Re-plaster of leisure, comp and plunge pool.							
4								
-	Name of Interested Party	City, State, Country (place of busin						
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION			platu				
	My name is, and my date of birth is							
	My address is 40234 Kallman LN (street)	7 Plyervill, 7 (s	tate)	(zip code)	, USA . (country)			
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in Travis County, State of Texas, on the 30 day of Lansary, 2018. (month) (year)							
	Addel AR							
	Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES

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	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	me of business entity filing form, and the city, state and country of the business entity's plac business.			Certificate Number: 2018-307851			
	Commercial Swim Management, LLC						
	Pflugerville, TX United States			e Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	01/3	01/30/2018				
	y of Killeen			Date Acknowledged: 03/01/2018			
_	Provide the identification number used by the governmental enti-	ty or state agency to track or ide			vide a		
3	description of the services, goods, or other property to be provide		andry the C	Jonitaci, and prov	nue a		
	013018						
	Re-plaster of leisure, comp and plunge pool.						
4					Nature of interest		
	Name of Interested Party City, State, Country (place of busin		ousiness)	(check ap			
				Controlling	Intermediary		
				+ +			
				+			
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	t.					
	Executed inCounty	v. State of . or	the	day of	. 20 .		
		,,		(month)			
		Signature of authorized agent of	of contractin	na husiness entity			
	Signature of authorized agent of contracting business entity (Declarant)						