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. | | | | | | | | |
| 1 Name of business entity filing form, and the city, st | - | CERTIFICATION OF FILING | | | | | | |
| of business. | - 1 | ificate Number: 3-352477 | | | | | | |
| RDO Equipment Co. | | 2010 002477 | | | | | | |
| Hewitt, TX United States | | | Date Filed: | | | | | |
| 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | | 05/11/2018 | | | | | |
| City of Killeen | | | Date Acknowledged: | | | | | |
| 3 Provide the identification number used by the gove description of the services, goods, or other propert | 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. | | | | | | | |
| 515-16 | | | | | | | | |
| Motor Grader Purchase | | | | | | | | |
| | | | | | | | | |
| 4 Name of Interested Party | inacel | iness) (check applicable) | | | | | | |
| | Name of Interested Party City, State, Country (place of bus | | Controlling Intermediary | | | | | |
| | | | Controlling | Intermediary | | | | |
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| | | | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | | | |
| 6 UNSWORN DECLARATION | | | | | | | | |
| Myname is Colin Duec-1 | | 6 L.L.at. (| May 4th | 1984 | | | | |
| My name is <u>Colin Duech</u> , and my date of birth is <u>May</u> 4th 1984 My address is <u>333 Earle R2</u> . <u>Hewith</u> , <u>TX</u> , <u>76643</u> , <u>USA</u> (street) (city) (state) (zip code) (country) | | | | | | | | |
| My address is Lance K. | Hewitt | <u>\X</u> - | 76643 | USA- | | | | |
| (Suber) (city) (state) (zip code) (country) | | | | | | | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | |
| Executed in McLennan | County, State ofTeXaS , on the | 11th | av of Mo- | 2018 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | (month) | (year) | | | | |
| AMELIA COMER | Parin | | _ | | | | | |
| My Notary ID # 129772913 | Signature of authorized agent of (Declarant) | | | | | | | |
| orms provide a state of the sta | www.ethics.state.tx.us | | AMEL | COMER | | | | |
| | | | | pril 8, 2022 | | | | |

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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 | Name of business entity filing form, and the city, state and count of business. | Certificate Number: 2018-352477 | | | | | | | |
| | RDO Equipment Co. | | 2010-332411 | | | | | | |
| | Hewitt, TX United States | | Date Filed: | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | 05/11/2018 | | | | | | | |
| Ľ | being filed. | _, | | | | | | | |
| | City of Killeen | Date | Acknowledged: | | | | | | |
| | | 06/15/2018 | | | | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide | n number used by the governmental entity or state agency to track or identify the contract, and provide a | | | | | | | |
| | 515-16 | | | | | | | | |
| | Motor Grader Purchase | | | | | | | | |
| | | | | | | | | | |
| 4 | | | | Nature of interest | | | | | |
| | Name of Interested Party | City, State, Country (place of busin | iess) | (check applicable) | | | | | |
| | | | | Controlling | Intermediary | | | | |
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| | 5 Check only if there is NO Interested Party. | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | |
| | My name is | , and my date of | , and my date of birth is | | | | | | |
| | My address is | ,,, | | | · | | | | |
| | (street) | | tate) | (zip code) | (country) | | | | |
| | I declare under penalty of perjury that the foregoing is true and correc | t. | | | | | | | |
| | Executed inCounty | (State of an the | | day of | 20 | | | | |
| | | , state of, on the | (| (month) | , 20 (year) | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | |