

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.

Galls, LLC dba Miller Uniforms & Emblems
Lexington, KY United States

Certificate Number:
2018-357540

Date Filed:
05/22/2018

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Killeen Police Deapartment

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.

Buyboard 524-17
Public Safety and Firehouse Supplies and Equipment

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

5 Check only if there is NO Interested Party.



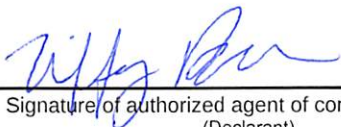
6 UNSWORN DECLARATION

My name is Tiffany Brewer, and my date of birth is 4/5/1988.

My address is 1340 Russell Cave Road, Lexington, KY, 40505, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Fayette County, State of Kentucky, on the 22nd day of May, 20 18.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Galls, LLC dba Miller Uniforms & Emblems
Lexington, KY United States

Certificate Number:
2018-357540

Date Filed:
05/22/2018

Date Acknowledged:
06/28/2018

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Killeen Police Deapartment

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Buyboard 524-17
Public Safety and Firehouse Supplies and Equipment

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			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.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)