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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2018-388431			
	Superion, LLC						
_		e Mary, FL United States			Date Filed: 08/06/2018		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.						
	City of Killeen				Date Acknowledged: 08/16/2018		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the services of the services.			e contract, and prov	vide a		
	2018 Annual Maintenance 2018 Annual Maintenance						
4					Nature of interest		
-	Name of Interested Party	City, State, Country	(place of business	· — · — i	(check applicable) Controlling Intermediary		
R	amundsen Holdings, LLC	Lake Mary, FL United States		X	intermediary		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	and my date of birt	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						
	Executed inCounty	y, State of	, on the	day of (month)	, 20 (year)		
				, ,	- '		
		Signature of authoriz	ed agent of contrac	eting business entity	_		

	CERTIFICATE OF INTERESTED PAR	The state of the s	FORM 1295					
L		Salvis relations record	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. Superion, LLC			Certificate Number: 2018-388431				
	Lake Mary, FL United States			Date Filed: - 08/06/2018 Date Acknowledged:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Killeen							
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.							
	2018 Annual Maintenance 2018 Annual Maintenance							
4	Name of the American							
	Name of Interested Party City, State, Country (place of busin		ess)	(check ap	plicable) Intermediary			
Ra	amundsen Holdings, LLC	Lake Mary, FL United States		X	intermediary			

·								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name isTom Amburgey	and my date of b	oirth is .	Prior to Janu	ary 1, 2000			
	My address is1000 Business Center Drive(street)	,,,	L, _	32746 (zip code)	. USA .			
	, ,		ite)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in Seminole County	y, State of <u>Florida</u> , on the <u>6</u>	<u>3th</u> da	ay of August (month)	, 20 <u>18</u> (year)			
	- Qu()							
	Signature of authorized agent of contracting business entity (Declarant)							