

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

Certificate Number:
2019-443279

Date Filed:
01/18/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Let Us Do The Cooking LLC
Harker Heights, TX United States

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.

RFP-19-12

Mixed Beverage Service, Killeen Civic and Conference Center

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Let Us Do The Cooking LLC	Harker Heights, TX United States	X	X

5 Check only if there is NO Interested Party. ☐

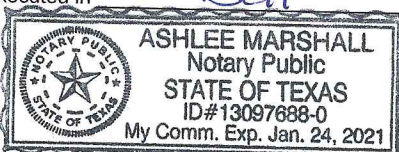
6 UNSWORN DECLARATION

My name is Meredith Viguers, and my date of birth is 10/31/78.

My address is 2425 Catawba hp Harker Heights TX 76548 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Bell County, State of Texas, on the 30th day of January, 2019.
(month) (year)



Ashlee Marshall
Meredith Viguers
Signature of authorized agent of contracting business entity (Declarant)

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Let Us Do The Cooking LLC
Harker Heights, TX United States

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2019-443279

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01/18/2019

Date Acknowledged:
03/01/2019

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RFP-19-12
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			Controlling	Intermediary
	Let Us Do The Cooking LLC	Harker Heights, TX United States	X	X

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)