

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.

Kirbo's Office Systems, LLC
Brownwood, TX United States

Certificate Number:
2021-804468

Date Filed:
09/21/2021

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.

RFP 21-04
copier sales & service

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 Darryl Kirbo, and my date of birth is 12-31-42

My address is 3005 Hwy 377 South (street), Brownwood (city), TX (state), 76801 (zip code), Perm (country)

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

Executed in Brown County, State of Texas, on the 21st day of Sept, 2021.
(month) (year)

Darryl Kirbo
Signature of authorized agent of contracting business entity
(Declarant)

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Kirbo's Office Systems, LLC
Brownwood, TX United States

Certificate Number:
2021-804468

Date Filed:
09/21/2021

Date Acknowledged:
10/27/2021

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

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RFP 21-04
copier sales & service

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)