

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:
2021-802420

Date Filed:
09/15/2021

Date Acknowledged:

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

Insituform Technologies, LLC
Chesterfield, MO 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.

635-21
Sewer Manhole Rehabilitation 2021

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Morris, David	Chesterfield, MO United States	X	
	Tullman, Robert	Chesterfield, MO United States	X	

5 Check only if there is NO Interested Party.

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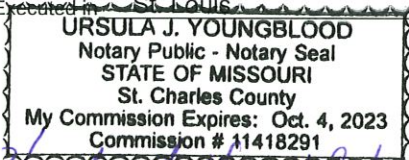
6 UNSWORN DECLARATION

My name is Gina Gurrieri, and my date of birth is NA.

My address is 17988 Edison Avenue, Chesterfield, MO, 63005, USA.
(street) (city) (state) (zip code) (country)

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

Executed in St. Louis County, State of Missouri, on the 15 day of September, 2021.
(month) (year)



Gina Gurrieri

Signature of authorized agent of contracting business entity
(Declarant)

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	Tullman, Robert	Chesterfield, MO United States	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)