

# 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:  
2021-808723

Date Filed:  
10/04/2021

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
Final Solution Roofing, LLC.  
Salado, 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.  
181101  
Roofing Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Todd, Travis	Bryan, TX United States	X	
	Glazener, Adam	Salado, TX United States	X	

5 Check only if there is NO Interested Party. ☐

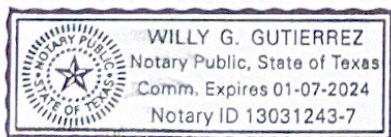
## 6 UNSWORN DECLARATION

My name is Adam GLAZENER, and my date of birth is 10/15/84.

My address is 321 PRESA DR (street), SALADO (city), TX (state), 76571 (zip code), USA (country).

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

Executed in BELL County, State of TEXAS, on the 5 day of October, 2021.  
(month) (year)



[Signature]  
Signature of authorized agent of contracting business entity  
(Declarant)

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Final Solution Roofing, LLC.  
Salado, TX United States

**Certificate Number:**  
2021-808723

**Date Filed:**  
10/04/2021

**Date Acknowledged:**  
11/17/2021

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	Glazener, Adam	Salado, TX 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)