

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.

Tom Loftus Inc., dba Austin Turf & Tractor
Marble Falls, TX United States

Certificate Number:
2021-802083

Date Filed:
09/15/2021

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.

Quote ID: 25126363
Ground Mtn Equip, Irrigation

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	New, Nathan	Marble Falls, TX United States	X	
	Mobley, Chad	Marble Falls, TX United States	X	
	Jukes, Harry	Marble Falls, TX United States	X	
	Loftus, Tom	Marble Falls, TX United States	X	

5 Check only if there is NO Interested Party. ☐

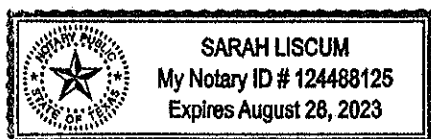
6 UNSWORN DECLARATION

My name is Harry Jukes, and my date of birth is 11/07/68.

My address is 809 Street Hawkins Pkwy, Marble Falls, TX, 78654, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Burnet County, State of Texas, on the 15 day of September, 2021.
(month) (year)



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

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Marble Falls, TX United States

Certificate Number:
2021-802083

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	Jukes, Harry	Marble Falls, TX United States	X	
	Loftus, Tom	Marble Falls, 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)