ANTI-BOYCOTT & ANTI-TERRORISM VERIFICATION

THIS VERIFICATION IS REQUIRED ONLY WHEN:

- THE CONTRACT HAS A VALUE OF \$100,000 OR MORE; AND
 THE COMPANY HAS 10 OR MORE FULL-TIME EMPLOYEES

i, <u>Mark Reynolds</u>	, the undersigned representative of		
Techline Sports Lighting, LLC	(Company or Business name),		
hereafter referred to as Company, and being a following on behalf of the Company named abo	n adult over the age of eighteen (18) years of age, verify the ove:		
practice, policy, guidance, or directive and will not discriminate during the te	<u>ammunition industries</u> . Company verifies that it does not have a that discriminates against a firearm entity or firearm trade association rm of this contract against a firearm entity or firearm trade association, 2274, Government Code, as enacted by S.B. 19, 87 th Legislature, Regular		
	mpany verifies that it does not boycott energy companies and will not term of this contract, as those terms are defined by Chapter 2276, 13, 87 th Legislature, Regular Session.		
<u>c.</u> Anti-Boycott of Israel. Company verifies that it does not boycott Israel and will not boycott Israel during term of this contract, as those terms are defined by Chapter 2271, Texas Government Code, as enacted I 4170, 86 th Legislature, Regular Session.			
	any verifies that it is not engaged in business with Iran, Sudan, or a terms are defined by Chapter 2252, Texas Government Code, as egular Session.		
Executed this <u>17th</u> day of <u>April</u>	, 2024.		
Signature: <u>Mark Reynolds</u>			
Printed Name: Mark Reynolds			
Title: Regional Vice President			

COVID-19 ANTI-PASSPORT VERIFICATION

THIS VERIFICATION IS REQUIRED ONLY WHEN THE CONTRACT IS PAYABLE IN WHOLE OR IN PART WITH STATE FUNDS. I, Mark Reynolds _____, the undersigned representative of Techline Sports Lighting, LLC (Company or Business name), hereafter referred to as Company, and being an adult over the age of eighteen (18) years of age, verify the following on behalf of the Company named above: a. Company Certification Regarding COVID-19 Vaccination. Company certifies that it does not require a customer to provide any documentation certifying the customer's COVID-19 vaccination or post-transmission recovery on entry to, to gain access to, or to receive service from Company's business during the term of this contract, and will not require such documentation during the term of this contract, as those terms are defined by Section 161.0085, Texas Health and Safety Code, as enacted by S.B. 968, 87th Legislature, Regular Session. Executed this 17th day of April , 2024.

Mark Reynolds

Regional Vice President _____

Printed Name: Mark Reynolds

Signature:

Title:

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

of 1

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	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.	CE	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.	100000000000000000000000000000000000000	Certificate Number: 2024-1148700			
	Techline Sports Lighting, LLC Austin, TX United States	Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		04/18/2024			
	City of Angleton		Date Acknowledged:			
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.					
	B.G. Park Soccer Field Sports Lighting Materials and/or Installation					
4	Name of Interested Party City, State, Country (place of bus		Nature of interest (check applicable) Controlling Intermediary			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		1 1			
	My name is Susan Schiller , and my da	ite of birth i	· 6/19/8	2		
	My address is 15303 Storm Drive , Austin (city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.	. 41	ev overo			
	Executed in TravisCounty, State of Texas o	n the	day of Apri (month			
	Supan Schill	Susan Schiller				
	Signature of authorized agent (Declarant)		ng business entity	У		