

# 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.

Alternative Support Apparatus, LLC  
Midvale, OH United States

Certificate Number:  
2024-1154342

Date Filed:  
04/30/2024

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

The City of Burleson

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.

2024-05-06  
MedStat 500 Off-Road Ambulance

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 Scott D. Carlisle, and my date of birth is [REDACTED]

My address is 427 Creekside Rd SE (street), New Philadelphia (city), OH (state), 44663 (zip code), USA (country)

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

Executed in Tuscarawas County, State of Ohio, on the 30<sup>th</sup> day of April, 2024.  
(month) (year)

  
Signature of authorized agent of contracting business entity (Declarant)