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			Certificate Number:		
•				2024-1147671		
	Metro Fire Apparatus Specialists, Inc. Houston, TX United States					
				Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			04/16/2024		
	City of Burleson		Date	Acknowledged:		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr		entify the c	ontract, and prov	vide a	
	Co-op Contract 698-23 - BB					
	Firefighting personal protective equipment and other.					
				Notice of	lintana at	
4	Name of Interested Party	City, State, Country (place of b	(seanieuc	Nature of interest (check applicable)		
	,			Controlling	Intermediary	
R	ussell, Craig N	Houston, TX United States		Х		
_						
_						
_						
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jim Minton	, and my date of birth is _				
	My address is17350 SH 249 - Suite 250	Houston	Texas_	77064	USA	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co	prrect.				
	Executed in Harris Co	ounty, State of <u>Texas</u> , or	the <u>16th</u>	-	, 20 <u>24</u>	
		1	/	(month)	(year)	
		gen Mentor				
		Signature of authorized agent of (Declarant)	f contractin	g business entity		