

# 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.**  
Armstrong Forensic Laboratory, Inc.  
Arlington, TX United States

Certificate Number:  
2023-1080053

Date Filed:  
10/05/2023

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

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  
Analytical Testing and Consultation. THC quantitation.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Armstrong, Kay	Arlington, TX United States	X	
	Armstrong, Andrew	Arlington, TX United States	X	
	Armstrong, Marion	Arlington, TX United States	X	
	Armstrong, Michael	Arlington, TX United States	X	
	Armstrong, Benjamin	Arlington, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Benjamin Armstrong, and my date of birth is [REDACTED]

My address is 330 Lochin Green Trail, Arlington, TX, 76012, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in TARRANT County, State of Texas, on the 5<sup>th</sup> day of Oct, 2023.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity (Declarant)