CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1 01 1	
C	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		
o M	Name of business entity filing form, and the city, state and country of the business entity's place of business. METRO FIRE APPARATUS SPECIALISTS, INC HOUSTON, TX United States			Certificate Number: 2024-1117864 Date Filed:		
b	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. BURLESON FIRE DEPARTMENT			01/30/2024 Date Acknowledged:		
d S	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. SCBA SCBA ITEMS					
4	Name of Interested Party	City, State, Country (place of business)		Nature of interest (check applicable) Controlling Intermediary		
RUSSELL, CRAIG		HOUSTON, TX United States	ed States			
5 Check only if there is NO Interested Party.						
6 U	NSWORN DECLARATION					
M	name is MONICA INGRAM and my date of			birth is		
М	y address is 17350 STATE HWY 249 STE 250 (street)	HOUSTON (city)	ΓX (state)	77064 (zip code)	(country)	
ı	I declare under penalty of perjury that the foregoing is true and correct.					
Е	tuted in HARRIS County, State of TEXAS on the		_e 30th	$\frac{30 \text{th}_{day \text{ of}} \underline{JAN}}{\text{(month)}}$, 20 24.		
	Digitally signed by Monica Ingram DN: cn=Monica Ingram, o=Metro Fire Apparatus Specialists, Inc, ou=MFAS, Signature of authorized age.nt occasioning consequences are provided by the consequence of authorized age.nt occasion Date: 2024.01.30 12:41:44-06'00'					
(Decigrant) Date: 2024.01.30 12:41:44 -06'00'						