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:		
	of business.			2024-1175340		
	GALLS, LLC exington, KY United States		Date	Date Filed:		
2		entity or state agency that is a party to the contract for which the form is		06/13/2024		
_	being filed.	inty of state agency that is a party to the contract for which the form is		33,232		
	Collin County		Date	Acknowledged:		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pro-	rnmental entity or state agency to track or identify the contract, and provide a y to be provided under the contract.				
	2024-341					
	Law Enforcement Uniforms					
4		City, State, Country (place of busin			Nature of interest	
	Name of Interested Party			(check ap		
				Controlling	Intermediary	
		•				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			<u> </u>		
	My name is Tiffany Brewer	, and my date of birth is				
	My address is					
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co	orrect.				
		ounty, State of Kentucky	on the 12th	day of June	20 24	
	Executed III	ounty, State of Transaction	, on the <u>1311</u>	(month)	, 20 <u></u> . (year)	
		1/1/m Bun				
	Signature of authorized agent of contracting business entity (Declarant)					