CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

L				1011	
	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 cou of business.	Certificate Number:			
	G T DISTRIBUTORS, INC.		2024-1190151		
	FLUGERVILLE, TX United States		Date Filed: - 07/22/2024		
2	lame of governmental entity or state agency that is a party to the contract for which the form is eing filed.				
	COLLIN COUNTY		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.				
	2023-218				
	irearms, Ammunition and Accessories				
4	Name of Interested Party	City, State, Country (place of busin	Nature of interest ess) (check applicable)		
		Only, State, Soundly (place of Susin	Controlling	Intermediary	
			Controlling	Intermediary	
_					
_					
_					
Check only if there is NO Interested Party.					
- i	UNSWORN DECLARATION				
	My name is DAVID CURTIS	and my date of birth is			
	My address is				
	(street)	(city) (sta	ate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in TRAVISCount	ty, State of TEXAS on the 2	2nd _{day of} JULY		
		10	(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)				
	12-23-21-17				