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. KEEFE COMMISSARY NETWORK, LLC St. Louis, MO United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Collin County, TX			Certificate Number: 2024-1237097 Date Filed: 11/11/2024 Date Acknowledged:		
2						
3	Provide the identification number used by the governmental entire description of the services, goods, or other property to be provided 2024-279 Commissary Services		fy the co	·		
4	Name of Interested Party	City, State, Country (place of busi	Nature of interest ness) (check applicable) Controlling Intermediary			
Keefe Group, LLC		St. Louis, MO United States		х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Kevin Myers	, and my date o	f birth is			
	My address is	,,	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of <u>Texas</u> , on the	11_0	day of November (month)	er , 20 <u>24</u> . (year)	
		Signature of authorized agent of co	ntractic	n husiness ontitu		
Signature of authorized agent of contracting business entity (Declarate)						