## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

1 of 1

					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. Name of business entity filing form, and the city, state and country of the business entity's place of business.			OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2025-1307096		
1						
	GALLS, LLC					
	Lexington, KY United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			05/08/2025		
	being filed. Collin County	ħ/		Date Acknowledged:		
				Duie Acknowieugeu.		
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.					
	2024-341					
	Law Enforcement Uniforms					
<u> </u> _				Nature o	f interest	
4	Name of Interested Party City, State, Country (place of bus		ness)			
L				Controlling	Intermediary	
Galls Intermediate Holdings, LLC		Lexington, KY United States		х		
Ĺ						
5	Check only if there is NO Interested Party.					
6						
	My name is Mike Fadden	, and my date of	f birth is	6		
	My address is	, .			,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Fayette Count	ty, State of Kentucky, on the	8th		, 20 <u></u> .	
				(month)	(year)	
	<u> </u>	Mb full		a husing - ···		
Signature of authorized agent of contracting business ( (Declarant)						