CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

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	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.			Certificate Number:		
	ourage Tactical LLC (DBA: CopsPlus)			2025-1339750		
	Grosse Pointe Farms, MI United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is		07/22/2025			
2	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 lescription of the services, goods, or other property to be provided under the contract.					
	023-218					
	irearms, Ammunition and Accessories					
	Nature of interest					
4	Name of Interested Party	City, State, Country (place of busing	ess)	(check applicable)		
					Controlling Intermediary	
Petrus, Michael		Macomb, MI United States		×		
5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION					
	My name is Michael 7 Peacos and my date of birth is					
	My address is					
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Macomb County, State of Michigan, on the 32 day of JUN, 20 25.					
	(month) (year)					
Signature of authorized agent of contracting business entity (Declarant)						