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. TXAT LLC			rtificate Number:				
				2023-1101244				
	Houston, TX United States		Dat	te Filed:				
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	12/	/06/2023				
	being filed.			Date Acknowledged: 12/06/2023				
	Williamson County							
_	Provide the identification number used by the governmental enti	ty or state agency to track or in			vide a			
3	description of the services, goods, or other property to be provide		activity tite	contract, and prov	nuc u			
	202497							
	Ammunition							
				Nature of	interest			
4	Name of Interested Party City, State, Country (place of busi		business)	1	(check applicable)			
				Controlling	Intermediary			
				+ -				
				+				
				1				
				+				
5	Check only if there is NO Interested Party.							
,	X							
6	UNSWORN DECLARATION							
	My name is	late of birth	is	·				
	My address is							
	(street)	,(city)	, (state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Format d in	. 0(-1	and a	day of	00			
	Executed inCount	y, state of, c	on the	day of (month)				
				(month)	() 541)			
		Signature of authorized agent	of contract	ing husiness entity				
		S Sacrices Criticy						

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FORM **1295**

1 of 1

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	Houston, TX United States		Da	ate Filed:					
2	ame of governmental entity or state agency that is a party to the contract for which the form is			12/06/2023					
	being filed.			Date Acknowledged:					
	Williamson County		Da	ile 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.								
	202497								
	Ammunition								
4				Nature of interest ness) (check applicable)					
	Name of Interested Party	City, State, Country (place of busines		Controlling	Intermediary				
				Controlling	intermediary				
				_					
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is Karen Berggren , and my date of			h is					
	My address is 3200 Kirby Dr. Ste. 801	_, Houston	, TX	77098	, USA				
	(street)	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and cor	rect.							
	Executed in YavapaiCou	unty, State of Arizona	, on the 6	day of Dec	, ₂₀ _23				
				(month)	(year)				
		KMI	Bn	_					
		Signature of authorized agent of contracting business entity (Declarant)							
	(Declarant)								