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						Certificate Number:					
	of business. Life Safety Services, LLC						2025-1262627					
	Louisville, KY United States							Date Filed:				
2			cy that is a party to the contract for which the form is					01/29/2025				
	being filed.							Date Acknowledged:				
	Wilco Purchasing						Date A	kcknowieagea:				
3	Provide the identification nu	mher used by the governme	antal entit	v or state a	nency to track	or identify	the cou	ntract and nro	vide a			
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.											
	2025123											
	Passive Fire Protection Se	rvices (Inspections and Re	epairs)									
			ī					Nature o	f interest			
4	Name of Interested Party Cit			City, State	City, State, Country (place of busin			(check applicable)				
				-				Controlling	Intermediary			
5	Check only if there is NO Into	erested Party.										
6	UNSWORN DECLARATION											
	My name is	Ny name is R. Craig Rutledge			, and my date of birth i							
						•						
	My address is											
		(street)			(city)	(st	ate)	(zip code)	(country)			
	Lidoologo umdan marii-liki ii fi ii ii	uns that the forest in the tor	nd com:									
	I declare under penalty of perju	ury that the foregoing is true a	na correct	ī.								
	Executed in	Jefferson	County	, State of _	Kentucky	, on the	<u>30</u> _da	ay ofJanuar	<u>У</u> , 20 <u>25</u> .			
					1	90/		(month)	(year)			
					4	3						
		_				25)						
Signature of authorized ag						gent of con	tracting	business entity				
					(ロピ	· ~ · · · · · · · /						

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

<u> </u>					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 count of business.	Certificate Number:										
	Life Safety Services, LLC	2025-1262627										
	Louisville, KY United States	Date Filed:										
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	01/29/2025									
	being filed.	Date Acknowledged:										
	Wilco Purchasing											
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.											
	2025123											
	Passive Fire Protection Services (Inspections and Repairs)											
4	•		Nature of interest									
•	Name of Interested Party	City, State, Country (place of busin	ıess)	 	ck applicable)							
				Controlling	Intermediary							
5	Check only if there is NO Interested Party.											
6	UNSWORN DECLARATION											
	My name is	ame is, and my date of birth is										
	My address is(street)	(city) (st	state)	(zip code)	(country)							
	I declare under penalty of perjury that the foregoing is true and correc	ct.										
	Evenuted in Count	ty State of an the		day of	20							
	Executed inCounty	y, State of, on the		(month)	, 20 (year)							
	Signature of authorized agent of contracting business entity (Declarant)											