## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

					1 0f 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				
L	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2025-1303437						
	GALLS, LLC							
	Lexington, KY United States			<b>Date Filed:</b> 05/01/2025				
2	Name of governmental entity or state agency that is a party to the being filed.	05/0.	1/2025					
	Williamson County	Date	Date Acknowledged:					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the co	ontract, and prov	vide a			
	Buy Board 670-22							
	Uniforms and Accessories	<del>.</del>						
1	Name of Interested Dayley	Situs State Country (place of busic			f interest			
	Name of Interested Party	City, State, Country (place of busin	iessj	(check ap	Intermediary			
<u></u> За	alls Intermediate Holdings, LLC	Lexington, KY United States		X	Intermedial y			
_								
_								
_								
_								
5	Check only if there is NO Interested Party.							
<u> </u>	UNSWORN DECLARATION							
	My name is	, and my date of birth is						
	My address is	,	<b></b> ,		_, <u>USA</u>			
	(street)	(city) (s	state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed in FayetteCount	nty, State of Kentucky, on the	<u>1st</u> _		, 20_25			
		nu Tel		(month)	(year)			
	<del></del>	Signature of authorized agent of contracting business entity (Declarant)						

## **CERTIFICATE OF INTERESTED PARTIES**

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					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.  GALLS, LLC Lexington, KY United States			Certificate Number: 2025-1303437  Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Williamson County			05/01/2025  Date Acknowledged: 05/01/2025				
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.  Buy Board 670-22  Uniforms and Accessories							
4	Name of Interested Party	City, State, Country (place of b	usiness)	Nature of interest (check applicable)  Controlling Intermediary				
Galls Intermediate Holdings, LLC		Lexington, KY United States	3	Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date 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.							
	Executed inCounty	v, State of, or	the	_day of(month)	, 20 (year)			
		Signature of authorized agent of contracting business entity (Declarant)						