## **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			
	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2017-154357		
	Galls, LLC				
	500 CONTROL OF THE CO		Date Filed:		
	Name of governmental entity or state agency that is a party to the contract for which the form is		01/13/2017		
	being filed.	_			
	city of corpus christi		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.				
	41955				
	uniforms and accessories for the police dept				
_			N	inter	
4	Name of the same o	955,	Nature of		
ŕ	Name of Interested Party  City, State, Country (place of busin	iess)	(check ap		
		<del></del>	Controlling	Intermediary	
_					
-		-+			
-					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	STEPHANIE CAIN SULLIVAN NOTARY PUBLIC STATE AT LARGE, KENTUCKY COMM. # 512100 MY COMMISSION EXPIRES MAY 22, 2018  AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said <a href="#">POD HOUSWOLD</a> , this the <a href="#">13th</a> day of <a href="#">January</a> , 2017, to certify which, witness my hand and seal of office.  Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				
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