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: 2019-508892		
	B T DISTRIBUTORS, INC		Z013-200095		
	Austin, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is		06/24/2019		
	eing filed.		Date & almouded and		
	CITY OF NORTH RICHLAND HILLS		Date 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.				
	06-24-19				
	FIREARMS AND AMMUNITION				
4				Nature of interest	
	Name of Interested Party	City, State, Country (place of busine			
			Controlling	Intermediary	
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
		, and my date of	birth is03/11/	1983	
	My address is2545 BROCKTON DR., STE. 100	, AUSTIN , 1	TX, 78758	, USA .	
	My address is 2545 BROCKTON DR., STE. 100 (street)		tate) (zip code)	(country)	
	· ·		· ·		
I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in TRAVIS Co	ounty, State of <u>TEXAS</u> , on the			
		19	(month)	(year)	
		Signature of authorized agent of con-	tracting husiness entity		
	Signature of authorized agent of contracting business entity (Declarant)				