

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**

Certificate Number:
2023-1009139

Date Filed:
04/19/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
EMERGICON LLC
Terrell, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
City of League City

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.
23-1295-71
This supercedes certificate 2023-1008796. Fire Service Recovery Fee Billing

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Turner, Christopher	Terrell, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Christopher Turner, and my date of birth is 11/15/1971.

My address is 15158 FM 916, Maypearl, TX, 76064, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Kaufman County, State of Texas, on the 19 day of April, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)