CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

			OFFICE USE ONLY			
	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.			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: 2025-1357609		
	Box Gang Manufacturing LLC Houston, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for w	hich the form is	09/02/2025			
	being filed. City of Killeen		Date Acknowledged:			
	City of Nascri					
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.					
	010825BXG					
	Waste Container - Frontloads					
4	Name of Interested Party City, State, Co	City, State, Country (place of business)		Nature of interest (check applicable)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Controlling	Intermediary	
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. Indoor						
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			+			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			_		
	My name is, and my date of birth is					
	My address is 16736 E. Hardy Rd., Houston, Tx, 77032, Harris (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct.				¥.	
	Executed in					
	(month) (year)					
	Signature of authorized agent of contracting business entity					
-01	rms provided by Texas Ethics Commission www ethics state tx us	(Declarant)		Version V	4 1 0 f10d0fd8	

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 coun	Name of business entity filing form, and the city, state and country of the business entity's place		Certificate Number:			
	of business.	f business.		2025-1356091			
	Roll-Offs of America dba Roll Offs USA		1				
_	Durant, OK United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is	08/27/2025				
	City of Killeen		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.						
	686-22 Refuse Containers						
4		Nature of interest					
4	Name of Interested Party City, State, Country (place of busine		ess) (check a	pplicable)			
			Controlling	Intermediary			
Н	Hankey, J. Daniel Mead, OK United States		X				
Hankey, Ray Jean		Mead, OK United States	X				
5 Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION						
My name is KENDECC PHILLIPS and my date of birth is 08/24/69							
	My address is PoBox 727 , DVANT , OK , 74702 , USA . (city) (state) (zip code) (country)						
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Rank County, State of OK, on the 27day of AOC, 20, 25						
	(month) (year)						
	Myhilly S						
	Signature of authorized agent of contracting business entity						
		(Declarant)		ı			

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2025-1356624 Toter, LLC Statesville, NC United States Date Filed: 08/28/2025 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Kileen, TX 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. 120324-TOT 96-gallon garbage container Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Intermediary Controlling Statesville, NC United States Х Toter, LLC 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is David Pelichet ____ and my date of birth is My address is 6525 Carnegie Boulevard, Suite 300 Charlotte **USA** NC (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Mecklenburg County, State of North Carolina, on the 28th day of August (month) (year)

David Pelichet, VP Finance (Declarant)

Signature of authorized agent of contracting business entity

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2025-1357454			
	Vastequip Manufacturing Company LLC Statesville, NC United States			Date Filed:			
2	Name of governmental entity or state agency that is a par	ame of governmental entity or state agency that is a party to the contract for which the form is		09/0	09/02/2025		
	city of Killeen, TX			Date Acknowledged:			
3	Provide the identification number used by the government	nental entity or state agency to track or identify the contract, and provide a					
3	description of the services, goods, or other property to be	scription of the services, goods, or other property to be provided under the contract.					
	Sourcewell Contract#010825-WQI Waste Handling Equipment						
4	None of later and Death	Site State Sounds	. /place of busine	Nature of interest siness) (check applicable)			
	Name of Interested Party	City, State, Country	City, State, Country (place of business) (check				
			_				
5	Check only if there is NO Interested Party.						
	UNSWORN DECLARATION						
	My name is David Pelichet		, and my date of t	oirth is	1/12/1973	·	
	My address is 6525 Carnegie Blvd, Suite 300	Charlotte			28211	USA	
		(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Mecklenburg County, State of North Carolina, on the 2nd day of September, 20 25 . (month) (year)						
	Man/						
	Signature of authorized agent of contracting business entity (Declarant)						