## **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	lame of business entity filing form, and the city, state and country of the business entity's place if business.			Certificate Number: 2023-1068660			
	Toter, LLC Statesville, NC United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is			09/06/2023			
	being filed. City of Killeen, TX	Date Acknowledged:					
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov		or identify th	e contract, and prov	vide a		
	Sourcewell Contract 041521-TOT Purchase of Roll Carts						
4					f interest		
	Name of Interested Party	City, State, Country (place	e of business	s) (check ap	Intermediary		
W	astequip, LLC	Charlotte, NC United St	tates	Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Laura P. Hubbard	, and r	my date of birt	th is4-13-19	72		
	My address is841 Meacham Road (street)	, Statesville (city)	, <u>NC</u> (state		_,USA_ (country)		
	. ,		Joine	;) (zip 6646)	(country)		
	I declare under penalty of perjury that the foregoing is true and corr						
	Executed inCou	unty, State of North Carolina	a_, on the 6t	th_day of <u>Septem</u> (month)	iber <sub>20</sub> 23 (year)		
		Laur Pott	tard	Laura P. Hubbard Director of Munic			
		Signature of authorized ag (Decla			<u> </u>		

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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 count of business.	e of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	Wastequip Manufacturing Company LLC				2023-1068737			
	statesville, NC United States			Date Filed:				
2	ame of governmental entity or state agency that is a party to the contract for which the form is			09/07/2023				
	being filed. City of Killeen, TX				Date Acknowledged:			
	55, <i>1</i>							
3	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.							
	Sourcewell 040621-WQI							
	Furnish waste handling equipment with related parts and acce	essories.						
4	- 1	Nature of interest				f interest		
•	Name of Interested Party	City, State, Country (place of business)			(check applicable)			
					Controlling	Intermediary		
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Laura P Hubbard	, and my date of birth is <u>04/13/1972</u>						
	My address is 841 Meacham Road	Statesville	, <u>N</u> C	<u>)</u> , <u> </u>	28677	, USA_		
	(street)	(city)	(sta	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in Iredell County	v. State of NC	, on the	<mark>7</mark> d	lav of Septemb	er . 20 23		
		County, State of NC, on the 7day of Septembe (month)		, 20 (year)				
	Laur Physical							
	Signature of authorized agent of contracting business entity (Declarant)							

## **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.	CE	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:			
	Box Gang Manufacturing	2023	2023-1069147			
	Houston, 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 being filed.	09/0	09/07/2023			
	City of Killeen	Date	Date Acknowledged:			
3	description of the services, goods, or other property to be provided under the contract.	ovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a scription of the services, goods, or other property to be provided under the contract.				
	#040621-BXG waste containers					
4			Nature of	f interest		
	Name of Interested Party City, State, Country (place of bu	siness)	The state of the s			
-			Controlling	Intermediary		
				*******************************		
-				Market in the second		
Tel marije						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		^			
	My name is, and my date	of birth is	818	-les.		
	My name is Rafael Marrers and my date  My address is 5811 NOSSineke Dr. Spring	TX	77386	usA.		
	(street) (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					
- Consideration	(Declarant)					