

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 country of the business entity's place of business.**

Toter, LLC
Statesville, NC United States

Certificate Number:
2023-1068660

Date Filed:
09/06/2023

Date Acknowledged:

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

City of Killeen, TX

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.

Sourcewell Contract 041521-TOT
Purchase of Roll Carts

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Wastequip, LLC	Charlotte, NC United States	X	

5 Check only if there is NO Interested Party.


☐**6 UNSWORN DECLARATION**

My name is Laura P. Hubbard, and my date of birth is 4-13-1972.

My address is 841 Meacham Road, Statesville, NC, 28677, USA
(street) (city) (state) (zip code) (country)

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

Executed in Iredell County, State of North Carolina, on the 6th day of September, 2023.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

Laura P. Hubbard
Director of Municipal Sales

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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Wastequip Manufacturing Company LLC
Statesville, NC United States

Certificate Number:
2023-1068737

Date Filed:
09/07/2023

Date Acknowledged:

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

City of Killeen, TX

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.

Sourcewell 040621-WQI
Furnish waste handling equipment with related parts and accessories.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (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 04/13/1972.

My address is 841 Meacham Road, Statesville, NC, 28677, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Iredell County, State of NC, on the 7 day of September, 2023.
(month) (year)



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.

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.

Box Gang Manufacturing
Houston, TX United States

Certificate Number:
2023-1069147

Date Filed:

09/07/2023

Date Acknowledged:

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

City of Killeen

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.

#040621-BXG

waste containers

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is Rafael Marrero, and my date of birth is 8-19-65.

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 Harris County, State of TX, on the 19 day of Sept, 2023.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)