	CERTIFICATE OF INTERESTED PAR	IIES		FOR	м 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: 2024-1196995			
2	Name of governmental entity or state agency that is a party to the contract for which the form is			08/06/2024			
	being filed. City of Killeen, TX		Date	Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided Sourcewell Contract 041521-TOT Purchase of Roll Carts		ntify the c	ontract, and pro	vide a		
_	_		Nature of interest				
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check applicable)			
				Controlling	Intermediary		
W	/astequip, LLC	Charlotte, NC United States		X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is <u>Laura P. Hubbard</u> , and my date of birth is <u>4-13-1972</u> .						
	My address is 841 Meacham Road	, Statesville ,	28677	_, <u>USA</u>			
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in IredellCount	ty, State of North Carolina, on	the 6th	day of August (month)	, 20 <u>25</u> (year)		
	Laura H	d by: hubbard		Laura P. Hubbar Director of Munic			
	834FF567BI	B0949Fignature of authorized agent of (Declarant)	contractin	g business entity			

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			place	Certificate Number:				
	of business. Box Gang Manufactu	ıring LLC					2024-13	198476	
	Houston, TX United	_					Date File	ed:	
2	Name of governmenta being filed.	l entity or state agency that i	s a party to the	e contract fo	r which the for	rm is	08/08/2	024	
	City of Killeen						Date Ac	knowledged:	
3		tion number used by the gove vices, goods, or other proper				or identify	the cont	ract, and pro	vide a
	040621BXG								
	Waste & Recycling 6	equipment							
4	Name of Interested Party		City State Country (place of hygir		o of busins)		Nature of interest (check applicable)	
				City, State, Country (place of busin		e or busine		Controlling	Intermediary
5	Check only if there is	NO Interested Party.	3						
6	UNSWORN DECLARA	TION							
	My name is	Rafael Marrero			, and i	my date of b	irth is	08/19/65	
		Spring TX 7738	C 77386						
	My address is	(street)		,	(city)	, (sta	ite)	(zip code)	(country)
	I declare under penalty	of perjury that the foregoing is	true and correc	t.					
					TEVAO	it	0 4-		20. 24
	Executed III	Harris	County	, state of	IEXA5	, on the _	_oday	ofAugust (month)	, 20_ _24 (year)
				Signature ²	of authorized a Decl	gent of contr arant)	acting bu	usiness entity	

	CERTIFICATE OF INTERESTED	PARTIES		FORI	и 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 par				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 f business. Vastequip Manufacturing Company LLC			Certificate Number: 2024-1197467			
2	atesville, NC United States me of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 08/07/2024			
_	being filed.	arty to the contract for which the form is	Data	Acknowledged:			
	City of Killeen, TX		Date	Ackilowieugeu.			
3	Provide the identification number used by the governme description of the services, goods, or other property to be Sourcewell #040621-WQI Waste Handling Equipment		entify the c	ontract, and prov	vide a		
4				Nature of	Nature of interest		
4	Name of Interested Party	City, State, Country (place of t	ousiness)				
W	/astequip, LLC	Charlotte, NC United States	<u> </u>	Controlling X	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 4/13/1972					
	My address is 841 Meacham Road	, Statesville	, <u>NC</u>	28677	USA_		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true at	nd correct.					
	Executed in Iredell	County, State of North Carolina, or	the 7th	day of August	, ₂₀ _24		
		CocuSigned by:		(month)	(year)		
		Laura Hubbard		Laura P Hubbard Director of Munic			
	*	834FF567BBBBBBure of authorized agent of (Declarant)					