

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:
2018-416574

Date Filed:
10/18/2018

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.

WQ-10091859
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 18th day of October, 2018.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Toter, LLC
Statesville, NC United States

Certificate Number:
2018-416574

Date Filed:
10/18/2018

Date Acknowledged:
11/14/2018

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City of Killeen, TX

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			Controlling	Intermediary
	Wastequip, LLC	Charlotte, NC United States	X	

5 Check only if there is NO Interested Party.

☐**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)