#### FORM 1295

					1 01 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.	Certificate Number: 2021-807080						
	Toter, LLC							
_	Statesville, NC United States	a contract for which the form is	Date Filed: 09/28/2021					
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	03/20/2021					
	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 provide		the co	ontract, and prov	vide a			
	Quote WQ-1020665							
	Purchase of Roll Carts							
4				Nature of				
	Name of Interested Party	City, State, Country (place of busin	· _ ` ·					
⊢				Controlling	Intermediary			
W	astequip, LLC	Charlotte, NC United States		Х				
┝								
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 is841 Meacham Road	, Statesville	NC,	28677	USA			
	(street)	(city) (s	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inCount	y, State of <u>North Carolina</u> , on the	29th	day of <u>Septembe</u>	er_, 20_21			
	(month) (year)							
		Signature of authorized agent of cor (Declarant)Laura		g business entity bbard, Director of	Municipal Sales			

#### FORM 1295

					1011			
	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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 count of business.	Certificate Number: 2021-807080						
	Toter, LLC		2021 007000					
	Statesville, NC United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	09/28/2021					
	being filed. City of Killeen, TX	Date Acknowledged:						
			5/2021					
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.							
	Quote WQ-1020665							
	Purchase of Roll Carts							
				Noturo of	interest			
4	Name of Interested Party	City, State, Country (place of busin	less)	Nature of (check ap				
			,	Intermediary				
w	astequip, LLC	Charlotte, NC United States		Controlling 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) (s	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	v, State of, on the	d	lay of	_, 20			
				(month)	(year)			
		Signature of authorized agent of con	tracting	a business entity				
	(Declarant)							

### FORM 1295

						<u></u>		
	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.				Certificate Number: 2020-669661			
	Wastequip Manufacturing Co LLC				2020	-009001		
	Charlotte, NC United States				Date Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for	which t	he form is	09/21	1/2020		
	City of Killeen, Texas	peing filed.			Date	Acknowledged:		
	City of Nileen, Texas							
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.							
	Buy Board Contract No.599-19							
	Furnish waste handling equipment with related parts and acces	ssories.						
						Nature o	f interest	
4	Name of Interested Party	City, State, 0	Country	(place of busine	ess)		oplicable)	
						Controlling	Intermediary	
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is William Houser		,	and my date of	oirth is	May 20, 19	82 ·	
	My address is 6525 Morrison Blvd, Ste 300	Charle	otte	, NC	<u> </u>	28211	USA	
	(street)		(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed in Mecklenburg County,	, State of NC	;	, on the _	21_0	day of Septem		
		(		igned by:		(month)	(year)	
	Bill Houser							
	Signature o <del>t auពើ</del> ទាំងខ្មី៩% of contracting business entity (Declarant)							

#### FORM 1295

	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						
	Name of business entity filing form, and the city, state and countr of business.	Certificate Number: 2021-814036						
	Parts Place LLC dba Go To Parts		2021-014030					
	Charlotte, 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	10/18/2021					
	being filed. City of Killeen, Texas	Date Acknowledged:						
	description of the services, goods, or other property to be provid	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.						
	14242337							
	Refuse Parts							
4			Τ	Nature of				
ľ	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap				
			-+	Controlling	Intermediary			
W	astequip	Charlotte, NC United States		х				
			-+					
			-+					
			-+					
			-+					
			$\square$					
5	Check only if there is NO Interested Party.		<b>I</b>					
6	UNSWORN DECLARATION							
	My name is Naomi Morin	, and my date of	birth is		·			
	My address is		,	,				
	(street)		tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCounty	, State of, on the _	d					
				(month)	(year)			
		DocuSigned by:						
		Naomi Morin						
		Signature adauthorized agent of cont (Declarant)	tracting	business entity				

#### FORM 1295

					1011			
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE				
	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 count of business.	Certificate Number: 2021-814036						
	Parts Place LLC dba Go To Parts	LC dba Go To Parts						
	Charlotte, NC United States	Charlotte, NC United States						
2	Name of governmental entity or state agency that is a party to the being filed.	10/1	10/18/2021					
	City of Killeen, Texas	Date Acknowledged:						
		11/15/2021						
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.							
	14242337							
	Refuse Parts							
				Nature of	finterest			
4	Name of Interested Party	City, State, Country (place of business			plicable)			
_				Controlling	Intermediary			
W	astequip	Charlotte, NC United States		х				
-								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date o	f birth is	6				
	-							
	My address is	,,,,,,	,		.,			
	(street)		state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	, State of, on the		day of	, 20			
	couny	,		(month)	(year)			
	Signature of authorized agent of contracting business entity							
		(Declarant)						