

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**

Certificate Number:
 2020-614140

Date Filed:
 05/01/2020

Date Acknowledged:

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

Wastequip Manufacturing Co LLC
 Charlotte, NC United States

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

Hidalgo County Precinct # 2

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 REQUISITION# 414342
 Provide waste handling equipment

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	
	Defenbaugh, John,	Charlotte, NC United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Bill Houser, and my date of birth is May 20, 1982.

My address is 6525 Morrison Blvd, Ste 300, Charlotte, NC 28211 USA
(street) (city) (state) (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 01 day of May, 2020.
(month) (year)

DocuSigned by:

Bill Houser

Signature of authorized agent of contracting business entity
 (Declarant)

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Buy Board Contract No.599-19
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			Controlling	Intermediary
	Wastequip LLC	Charlotte, NC United States	X	
	Defenbaugh, John,	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)