

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.
Portable Restroom Trailers LLC
Lake Wylie, SC United States

Certificate Number:
2020-681403

Date Filed:
10/21/2020

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

Date Acknowledged:
10/22/2020

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.
9999
New ADA+4 Station Oahu Series Portable Restroom Trailer- Public Floor Plan, Full Heat

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Portable Restroom Trailers LLC	Lake Wylie, SC United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Teri Pahon, and my date of birth is 5/9/57.

My address is 4607 Charlotte Hwy, Suite 11, Lake Wylie, SC, 29710, York.
(street) (city) (state) (zip code) (country)

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

Executed in York County, State of SC, on the 26 day of October, 20 20.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)