

# 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.**  
EW2 II LLC. DBA as Mobile Concepts Specialty Vehicles  
Mount Pleasant, PA United States

Certificate Number:  
2022-934218

Date Filed:  
09/15/2022

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
EW2 II LLC. DBA as Mobile Concepts Specialty Vehicles

Date Acknowledged:

**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.**

85-4216643  
22-0441-KMG

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
EW2 II LLC. DBA as Mobile Concepts Specialty Vehicles	Mount Pleasant, PA United States	X	

5 Check only if there is NO Interested Party.

**6 UNSWORN DECLARATION**

My name is Melissa Marks, and my date of birth is 08/25/1989.

My address is 480 Bessemer Rd, Mount Pleasant, PA, 15666, USA.  
(street) (city) (state) (zip code) (country)

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

Executed in \_\_\_\_\_ County, State of Pennsylvania, on the 15 day of September, 2022.  
(month) (year)

**Commonwealth of Pennsylvania - Notary Seal**  
**Christopher A. Simon, Notary Public**  
**Westmoreland County**  
**My commission expires September 26, 2025**  
**Commission number 1152881**  
**Member, Pennsylvania Association of Notaries**

*Chadler*  
Signature of authorized agent of contracting business entity  
(Declarant)

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	EW2 II LLC. DBA as Mobile Concepts Specialty Vehicles	Mount Pleasant, PA 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)