## **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                 |   |                           | Certificate Number: 2024-1201472         |                                     |                    |  |
|                   | CrowderGulf, LLC.   |                           |  |                                     |                    |  |
| _                 | Mobile , AL United States   |                           |  | Date Filed:                         |                    |  |
|                   | being filed.  |                           |  | 08/15/2024                          |                    |  |
|                   | Williamson County   |                           |  | <b>Date Acknowledged</b> 08/19/2024 | -                  |  |
| 3                 | Provide the identification number used by the governmental enti-<br>description of the services, goods, or other property to be provide |                           |  | the contract, and pro               | ovide a            |  |
|                   | 24RFP60   |                           |  |                                     |                    |  |
|                   | Countywide Disaster Related Debris Removal Services   |                           |  |                                     |                    |  |
| 4                 | ·   |                           |  |                                     | Nature of interest |  |
| _                 | Name of Interested Party  | City, State, Country      | City, State, Country (place of business) |                                     | ipplicable)        |  |
|                   |   |                           |  |                                     | Intermediary       |  |
| Ra                | Ramsay-Naile, Ashley Mobile , AL United States  |                           | d States                                 | X                                   |                    |  |
| Ramsay, Lyman, M. |   | Mobile , AL United States |  | X                                   |                    |  |
|                   |   |                           |  |                                     |                    |  |
|                   |   |                           |  |                                     |                    |  |
|                   |   |                           |  |                                     |                    |  |
|                   |   |                           |  |                                     |                    |  |
|                   |   |                           |  |                                     |                    |  |
|                   |   |                           |  |                                     |                    |  |
|                   |   |                           |  |                                     |                    |  |
| _                 |   |                           |  | I                                   |                    |  |
| 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)                    | (sta                                     | ate) (zip code)                     | (country)          |  |
|                   | I declare under penalty of perjury that the foregoing is true and correct   | ot.                       |  |                                     |                    |  |
|                   | Executed inCounty   | ty, State of              | , on the _                               | day of(month)                       |                    |  |
|                   |   |                           |  | (IIIOIiai)                          | (yeai)             |  |
|                   | Signature of authorized agent of contracting business entity (Declarant)  |                           |  |                                     |                    |  |

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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                    | of business.  | Certificate Number:<br>2024-1201472  |                           |  |  |  |  |
|                      | CrowderGulf, LLC. Mobile , AL United States   | Date Filed:  |                           |  |  |  |  |
| 2                    | Name of governmental entity or state agency that is a party to the  | 08/15/2024   |                           |  |  |  |  |
|                      | being filed.<br>Williamson County   |  | Date Acknowledged:        | 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.  24RFP60  Countywide Disaster Related Debris Removal Services |  |                           |  |  |  |  |
| 4                    | Name of Internated Party  | City State Country (place of busin   |                           | Nature of interest<br>(check applicable) |  |  |  |
|                      | Name of Interested Party  | City, State, Country (place of busin   | Controlling               | Intermediary                             |  |  |  |
| Ramsay-Naile, Ashley |   | Mobile , AL United States  | Х                         |  |  |  |  |
| Ramsay, Lyman, M.    |   | Mobile , AL 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) (s  | tate) (zip code)          | (country)                                |  |  |  |
|                      | I declare under penalty of perjury that the foregoing is true and correct.  |  |                           |  |  |  |  |
|                      | Executed inCount  | cuted in Mobile County, State of, on the 15th day of _August, 2024  (month) (year) |                           |  |  |  |  |
|                      | Q <sub>s</sub>  | Wor Pansay Va  | ntracting business entity |  |  |  |  |
|                      | (Declarant)   |  |                           |  |  |  |  |