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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2025-1273089				
	Northwest Cascade Inc DBA Honey Bucket							
	Puyallup, WA United States		Date Filed:					
2	Name of governmental entity or state agency that is a party to the being filed.	s 02/	02/24/2025					
	Wilco			te Acknowledged:				
				/24/2025				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		dentify the	contract, and prov	vide a			
	2025145							
	Rental of portable toilets							
4				1	Nature of interest			
	Name of Interested Party City, State, Country (place of busin		business)	(check ap	Intermediary			
				Controlling	intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	e is, and my date of birth is						
	My address is(street)	(city)	, (state)	_,(zip code)	(country)			
	(znear)	(City)	(State)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCounty	/, State of, o	on the	day of	, 20			
				(month)				
		Signature of authorized agent	of contract	ing business entity				
	(Declarant)							

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			CERTIFICATION OF FILING Certificate Number:					
_	f business.			2025-1273089					
	Northwest Cascade Inc DBA Honey Bucket Puyallup, WA United States	Date	Date Filed:						
2	me of governmental entity or state agency that is a party to the contract for which the form is			02/24/2025					
	being filed.			Acknowledged:					
	Wilco		Date	Ackilowieugeu.					
3		dentification number used by the governmental entity or state agency to track or identify the contract, and p							
	description of the services, goods, or other property to be provided under the contract.								
	2025145 Rental of portable toilets								
	•	1		Noture of	intoroot				
4	Name of Interested Party	City, State, Country (place o	f business)		Nature of interest (check applicable)				
				Controlling	Intermediary				
				<u> </u>					
5	Check only if there is NO Interested Party.								
	x								
6	UNSWORN DECLARATION								
	My name is Melinda Wells	date of birth is	; _						
				USA					
	My address is(street)	(city)	,	(zip code)	(country)				
	• •	` •·	. ,	,	• • •				
	I declare under penalty of perjury that the foregoing is true and correct	ct.							
	Executed in Pierce Count	ty, State of,	on the 24th	_{day of} February	, 20 <u>25</u>				
				(month)	(year)				
	Melinda Wells								
Signature of authorized agent of contracting business entity									
	(Declarant)								