

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:
2025-1332754

Date Filed:
07/07/2025

Date Acknowledged:

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

Sauder Manufacturing Co
Archbold, OH United States

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

Williamson County

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.

QT142832
Reupholstery of Seat Cushions

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sauder Manufacturing Co.	Archbold, OH United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Chelsea Marteney, and my date of birth is [REDACTED].

My address is [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED].
(street) (city) (state) (zip code) (country)

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

Executed in Williams County, State of OHIO, on the 6 day of 08, 2025.
(month) (year)

Chelsea Marteney

Digitally signed by Chelsea Marteney
DN: cn=Chelsea Marteney, gm=Chelsea Marteney, c=US, o=United States
in US United States, cn=Sauder Workshop Sealing, ou=Sauder
Manufacturing Co., e=cmarteney@sauderworkshop.com
Reason: I am the author of this document
Location:
Date: 2025.08.06 07:17:04-00

Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	Sauder Manufacturing Co.	Archbold, OH 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 _____, _____, _____, _____, _____.
(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)