## 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<br>CERTIFICATION OF FILING |            |  |
| 1   | Name of business entity filing form, and the city, state and country of the business entity's place of business.   |  |                    | Certificate Number:<br>2018-302808         |            |  |
|   | oter, LLC  |  |                    | 2010 302000                                |            |  |
|   | tatesville, NC United States   |  | Date Filed:        |  |            |  |
| 2   | Name of governmental entity or state agency that is a party to the contract for which the form is being filed.   |  | 01/17/2018         |  |            |  |
|   | City of Fort Worth   |  | Date Acknowledged: |  |            |  |
| 3   | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided in the services of the services. | by the governmental entity or state agency to track or identify the contract, and provide a ther property to be provided under the contract. |                    |  |            |  |
|   | 28217-E1   |  |                    |  |            |  |
|   | pelivery and maintenance of garbage, recycling and yard waste carts.   |  |                    |  |            |  |
| 4   |  |  | N                  | Nature of interest                         |            |  |
|   | Name of Interested Party   | City, State, Country (place of busine  | ess) (c            | (check applicable)                         |            |  |
|   |  |  | Contro             | olling In                                  | termediary |  |
| W   | astequip, LLC  | Charlotte, NC United States  | ×                  |  |            |  |
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|   |  |  |                    |  |            |  |
| 5 Check only if there is NO Interested Party. |  |  |                    |  |            |  |
| 6   | UNSWORN DECLARATION  |  |                    |  |            |  |
| -   | My name is, and my date of birth is FEBRUARY 26, R53.  |  |                    |  |            |  |
| į   | My address is 534 SOUTH CAROLINA AVENU   |  |                    |  | USA.       |  |
|   | (street)   | (city) (sta  | ate) (zip c        | ode) (d                                    | country)   |  |
|   | I declare under penalty of perjury that the foregoing is true and correct.   |  |                    |  |            |  |
|   | Executed in IredeII County, State of NC, on the 17th Jay of Jan. , 20 18 _   |  |                    |  |            |  |
|   | (month) (year)   |  |                    |  |            |  |
|   | amestibilets   |  |                    |  |            |  |
|   | Signature of authorized agent of contracting business entity  (Declarant) James W. Pickett, VP Sales   |  |                    |  |            |  |