CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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Manual Manual Signature of officer administering oath	Sworn to and subscribed before me, by the saidlenna Maller_ 20, to certify which, witness my hand and seal of office.	AFFIX NOTARY STAMP / SEAL ABOVE	Wells County Wells County Wells County Commission # 650135 My Commission Expires January 09, 2022	AFFIDAVIT NELEESIA MEANS	Check only if there is NO Interested Party.	9 9 9 9 9	×	8 IQI				Name of Interested Party		City of San Antonio			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
Nekeesia Means s Printed name of officer administering oath	, this the		Address of authorized agent of contracting business entity	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.	X			×			· E	City, State, Country (place of business)	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. 6100008599 ANNUAL CONTRACT FOR AERIAL LIFT TRUCK RENTAL		Bluffton, IN United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Name of business entity filing form, and the city, state and country of the business entity's place of business. Nesco 11 C	oarties. Prested parties.
Sales Administration Title of officer administering oath	13th day ofFebruary		racting business entity	above disclosure is true and								Nature of (check ap)	the contract, and provide a	Date Acknowledged:	Date Filed: 02/13/2017	Certificate Number: 2017-165654	OFFICE USE ONLY CERTIFICATION OF FILING
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