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 of business. Associated Supply Company, Inc.			Certificate Number: 2021-769552 Date Filed:	
2	ame of governmental entity or state agency that is a party to the contract for which the form is eing filed.			ate 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. 00000 - Genie 844 Genie 844 enclosed cab telehandler				
4	Name of Interested Party	City, State, Country (place of business)		Nature of interest (check applicable)	
Wı	ight, William "Brax"	Lubbock, TX United States		Controlling	Intermediary
Wright, John Stephen		Amarillo, TX United States		Х	
<e< td=""><td>y, Paula Wright</td><td>Lubbock, TX United States</td><td></td><td>Х</td><td></td></e<>	y, Paula Wright	Lubbock, TX United States		Х	
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_			4		
	Check only if there is NO Interested Party.				
	JNSWORN DECLARATION				
My name is SCOTT WILLIAM SHAPP, and my date of birth is					
A	(street) P.O. Boy 3888		(, e)	79404 (zip code) 79452	(country)
I declare under penalty of perjury that the foregoing is true and correct. Executed in Lubbock, Lubbock County, State of Texas, on the 22 day of					
					_, 20 <u>Z1</u> . (year)
		Dry W B			
	Signature of authorized agent of contracting business entity (Declarant)				