## West Virginia Ethics Commission

## Disclosure of Interested Parties to Contracts

Contracting business entity: Arcmate Manufacturing Corp.	
Address: 911 S. Andreasen Dr., Escondido, CA 92029	
Contracting business entity's authorized agent:	
Address:	
Number or title of contract: CMA DEP17*07 PF 219906	
Type or description of contract: Litter Grabbers (commercial and regular)	
Governmental agency awarding contract: Department of Environmental Protection	
Names of each Interested Party to the contract known or reasonably anticipated by the contracting business entity (attach additional pages if necessary):	
NA	
Signature: Date Signed: 8/28/17	
Verification	
State of; County of:	
the authorized agent of the contracting business entity listed above, being duly sworn, acknowledges that the Disclosure herein is being made under oath and under the penalty of perjury.	
Faken, swom to and subscribed before me this day of,	
PLE ISE SEE ATTACHED  NOTORIAL  CERTIFICATE  Notary Public's Signature	
To be completed by State Agency:	
Date Received by State Agency: 9-1-17	
Date submitted to Ethics Commission: Res SEP 8 2017	
Governmental agency submitting Disclosure: DOA Purchasing	

## CALIFORNIA ALL- PURPOSE SEP 0.8 2017 CERTIFICATE OF ACKNOWLEDGMENT Commission

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached,

and not the truthfulness, accuracy, or v	
State of California	}
County of San Drigo On 8.28.17 before me,	Paulu Falconieri, wtary, public
pologially apposited the	off Traber
who proved to me on the basis of satisfa	nstrument and acknowledged to me that
he/she/they executed the same in his/he	er/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrume which the person(s) acted, executed the	ent the person(s), or the entity upon behalf of instrument.
this the poleon (s)	
	under the laws of the State of California that
the foregoing paragraph is true and corr	OFFICIAL SEAL
WITNESS my hand and official seal.	NOTARY PUBLIC 2018 467
P 0 7 0	MY COMM. EXP. OCT. 24, 2018
Notary Public Signature (No	tary Public Seal)
•	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	ON This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments
Disclosure of Interested	from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	<ul> <li>State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.</li> </ul>
Tasties to Contracts (Title or description of attached document continued)	<ul> <li>Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.</li> </ul>
Number of Pages Document Date 8-8-17	<ul> <li>The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).</li> <li>Print the name(s) of document signer(s) who personally appear at the time of</li> </ul>
CONTROL AND DATE OF STATE OF S	notarization.  Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
CAPACITY CLAIMED BY THE SIGNER Individual (s)	he/she/they, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
☐ Corporate Officer	<ul> <li>The notary scal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If scal impression smudges, re-scal if a sufficient area permits, otherwise complete a different acknowledgment form.</li> </ul>
(Title)	Signature of the notary public must match the signature on file with the office of the county clerk
☐ Attorney-in-Fact ☐ Trustee(s)	Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
Other	<ul> <li>Indicate title or type of attached document, number of pages and date.</li> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>
2015 Verning was Notan/Classes rom 800-873-9865	Securely attach this document to the signed document with a staple.

2015 Version www.NotaryClasses.com 800-873-9865