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MARSHALL FAMILY MEDICINE

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WV Ethics Commission

West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

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(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: University Physicians & Surgeons dba - Marshall Health
Address: 1600 Medical Ctr Drive Huntington WV 25701

Name of Authorized Agent: Judy Walters Address: 1600 Medical Ctr Dr. Hgt. WV

Contract Number: _____ Contract Description: _____

Governmental agency awarding contract: _____

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: [Handwritten Signature]

Date Signed: 9.12.18

Notary Verification

State of West Virginia County of Cabell

I, Jessica McLain Dingers the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 12th day of September, 2018.

Jessica McLain Dingers
Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: 9-13-18

Date submitted to Ethics Commission: OCT 26 2018

Governmental agency submitting Disclosure: DAAPurchasing

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