West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Health Research	h Systems Address:	7 Sto	necrest Drive
			ington, WV 25701
Name of Authorized Agent: Merilee Hutchinson	Address:		
Contract Number: DOT2100000130	Contract Descripti	ion:	Drug and Alcohol Testing
Governmental agency awarding contract: WV Depar	•		
☐ Check here if this is a Supplemental Disclosure			
List the Names of Interested Parties to the contract which entity for each category below (attach additional pages if	are known or reasonat necessary):	bly and	ticipated by the contracting busines
 Subcontractors or other entities performing work □ Check here if none, otherwise list entity/individual r 	or service under the names below.	Cont	ract
 Any person or entity who owns 25% or more of co ☑ Check here if none, otherwise list entity/individual r 	entracting entity (not names below.	appli	cable to publicly traded entities)
3. Any person or entity that facilitated, or negotiat services related to the negotiation or drafting of the Check here if none, otherwise list entity/individual notations:	ne applicable contrac names below.	:t)	
Notary Verification	Date Signed:	4/21	72021
	county of Cabell		
entity listed above, being duly sworn, acknowledge that to benalty of perjury.	he Disclosure herein i	is beir	d agent of the contracting business ng made under oath and under the
Taken, sworn to and subscribed before me this 27th	day of April		<u>2021</u> .
Date Received by State Agency: Date Received by State Agency: Date submitted to Ethics Commission: Covernmental agency submitting Disclosure: CMA DA LA	Notary Public	Sig	State of the Vegical Charles Casio State Remark System by Bill State Charles By Bill State Charles By Bill State By Bill By Bill State By Bill By Bill State By Bill By Bi