WAH24003 S

Disclosure of Interested Parties to Contracts (Required by W. Va. Code 8 8D 4 2) Received

commission			
me of Contracting Business Entity:	usion Medical	_Address:	19881 West Dodge Rd #3001
	staffing, LLC		Elkhorn, NE 68022
Name of Authorized Agent: <u>Calli</u> S	0.18.0	Address:	Elenom, NE 680ZZ.
Contract Number: ARFQ WEH:	24*09 Contr	act Descript	tion: Temporary Staffing
Governmental agency awarding contract	: Weich Con	munit	tion: Temporary Staffing Snarca Administration, Purchusing Hospital by Sol
☐ Check here If this is a Supplemental I	Disclosure		
List the Names of Interested Parties to the co entity for each category below (attach additi	ontract which are know ional pages if necessa	n or reasona ry):	bly anticipated by the contracting busi
1. Subcontractors or other entities perfo	orming work or service	ce under the	e Contract
Check here if none, otherwise list enti	ty/individual names be	low.	
2. Any person or entity who owns 25% o			applicable to publicly traded entl
☐ Check here if none, otherwise list entit	ty/individual names be	low.	
Sam Wageman			
 Any person or entity that facilitated, services related to the negotiation or of Check here if none, otherwise list entity 	drafting of the applica	able contrac	
signature: Colli Smuth	·	Date Signed:	6/17/2024
Notary Verification			
State of Nebraska	, County of _	Douglo	15
0		U	
i, <u>Kachelle M Benson</u> entity listed above, being duly sworn, acknow penalty of perjury.	ledge that the Disclos	sure herein is	s being made under oath and under the
Taken, sworn to and subscribed before me thi	isdi	ay of Ju	ne .2024
	Your M Bem		
	V	lotary Public	's Signature
To be completed by State Agency: Date Received by State Agency:			Chinada
Date submitted to Ethics Commission: Bovernmental agency submitting Disclosure:			GENERAL NOTARY - State of Nebraska RACHELLE M. BENSON My Comm. Exp. September 24, 2025
			Revised June 8 2018