WEH 24003R

West Virginia Ethics Commission Peceived Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

WY FILL
Name of Contracting Business Entity: Prime Time Healthcare, LL 18010 Birth St
Name of Contracting Business Entity: 1111 Address. Elkhom, NE 68022
Name of Authorized Agent: Jennifer Suphers Address: 18010 Burt St Elkhein, NE 6000
Name of Authorized Agent: Jennifer Siphers Address: 18010 Burt St Elkhein, NE 6802 Contract Number: ARFQ-WEH24806 Contract Description: Radialogy Tech Staffing
Governmental agency awarding contract: West Uliginia DHHFHS
☐ 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 be 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 er ☐ Check here if none, otherwise list entity/individual names below. Sandlet Parent, LLC
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: Date Signed: (c) 05/2024 Notary Verification
Mahada Sanaka Sa
State of Nebraska County of Douglas
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
To be completed by State Agency:
Date Received by State Agency: Date submitted to Ethics Commission: Governmental agency submitting Disclosure:
and the state of t