RECEIVED

By WV Ethics Commission at 12:13 pm, Apr 11, 2025 Commission

Discression at 12.13 pm, Apr 11, 2023 d Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Mountaineer Contractors, Inc.
Address: P.O. Box Lole, Kingwood, WY 26537 Name of Authorized Agent: UST Insurance Services Address: Margan town, WY 26501
Name of Authorized Agent: UST Tasurance Services Address: Margantown, WV 2/6501
Contract Number: 2020000507 Contract Description: Chest Lake - Coopers Rock
Governmental agency awarding contract: West Virginia Department of Transportation Division of Highways
☑ 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. 1) Swank Construction 2) LMS Construction 3) Surface Prep Technologics 4) Green Acres Contracting 5) Mid Atlantic Maintenance
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.
 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: 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Notary Verification
State of West Virginia County of Presson :
I, loson , 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 17th day of January ,2025.
Taken, sworn to and subscribed before me this 17th day of January ,2025. Runae X. Ellustt
Notary Public's Signature
To be completed by State Agency: Date Received by state agency:
Date submitted to Ethics Commission:
Governmental agency submitting Disclosure: