

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

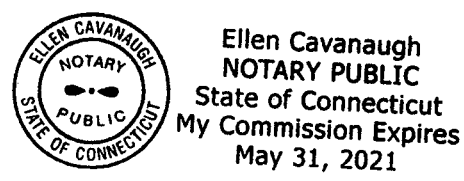
- Partnership Corporation Sole Proprietorship
 Limited Partnership Limited Liability Corporation Limited Liability Partnership
 Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name: Hworegson Family LLC Name:
Home Address: 420 Lexington Ave Home Address:
24th FL
NEW YORK, NY 10017
Name: Bonnet Family LLC Name:
Home Address: 420 Lexington Ave Home Address:
24th FL
NEW YORK, NY 10017
Name: Name:
Home Address: Home Address:

Subscribed and sworn before me this 15th day of June, 2018
(Notary Public) Ellen Cavanaugh
My Commission expires: May 31, 2021
Jeffrey Johnson
(Affiant)
(Print name & title of affiant)
(Corporate Seal)



**BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant To N.J.S.A. 19:44A-20.8
HOPEWELL TOWNSHIP BOARD OF FIRE COMMISSIONERS**

Part I – Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that the business entity listed below has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding the date of award listed below to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the Hopewell Township Board of Fire Commissioners as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

Michael Chipowsky, Chairman	
Erick Burd, Vice Chairman	
Timothy Lynch, Treasurer	
Michael Cseremsak, Secretary	
Donald Kintzel, Commissioner	

Part II – Ownership Disclosure Certification

I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

- Partnership
 Corporation
 Sole Proprietorship
 Subchapter S Corporation
 Limited Partnership
 Limited Liability Corporation
 Limited Liability Partnership

Name of Stock or Shareholder	Home Address
Hubregsen Family LLC	420 Lexington Ave, 24th Fl New York, NY 10017
Bondet Family LLC	420 Lexington Ave, 24th Fl New York, NY 10017

Part 3 – Signature and Attestation:

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Municipal Emergency Services Inc.

Date of Award: _____

Signature of Affiant: [Signature] Title: President

Printed Name of Affiant: Thomas X. Hubregsen Date: June 12, 2018

Subscribed and sworn before me this 12 day of June, 2018

My Commission expires: May 31, 2021

[Signature]
(Witnessed or attested by)



Ellen Cavanaugh
NOTARY PUBLIC
State of Connecticut
My Commission Expires
May 31, 2021

