CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

					1011	
	complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2024-1131617			
	e Restaurant Store, Inc			2024-1131017		
	Lancaster, PA United States		Date Filed: 03/06/2024			
2	ame of governmental entity or state agency that is a party to the contract for which the form is					
	being filed.		Date Acknowledged:			
	NRH2O Family Water Park					
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.					
	8174276505					
	Disposable food service items to use for resale					
4				Nature of interest		
_	Name of Interested Party	City, State, Country (place of busin	ess)	(check applicable)		
				Controlling	Intermediary	
The Restaurant Store		Lancaster, PA United States		X		
			_			
5	Check only if there is NO Interested Party.			•		
6	UNSWORN DECLARATION					
	My name isMichelle Gray	, and my date of birth isxx/xx/xx				
	My address is2209 Old Philadelphia Pike	,Lancaster,PA_	,	17602, _	USA	
	(street)	(city) (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inLancasterCounty,	State ofPA, on the	60	-		
		Michella L	1.	(month)	(year)	
		Signature of authorized agent of control	tracting !	business entity		
		(Declarant)	J	Sasking Strike		