CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

					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	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2017-189102		
	exPharma LLC					
	ugar Land, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is		04/06/2017			
	being filed.					
	Fort Bend County, Texas			Date Acknowledged:		
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. TexPharma2017					
TexPharma2017 Fort Bend County General Fund Tax Abatement TexPharma2017						
4 Name of Interested Party		City, State, Country (place of business)		Nature of interest ess) (check applicable)		
_	white Drawn and the LL C	Cugar Land TV Linited States		Controlling	Intermediary	
Orbit Properties LLC		Sugar Land, TX United States			X	
Greater Fort Bend Economic Development Council		Sugar Land, TX United States			X	
Gandhi, Himesh		Sugar Land, TX United States			X	
Cividi, Santosh		Sugar Land, TX United States		Х		
Choski, Tejas		Miramar, FL United States		Х		
Patel, Faruq		Alphaetta, GA United States		Х		
Aı	rora, Karan	Miramar, FL United States		Х		
5 Check only if there is NO Interested Party.						
6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disc					e and correct.	
	COLLEEN KATHERINE MIGL Notary Public STATE OF TEXAS Notary ID # 130478669 My Comm. Exp. Dec. 22, 2019 Signature of authorized agent of contracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said <u>Santosh Civicli</u> , this the <u>Th</u> day of <u>April</u> , 20_17_, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					