

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

Certificate Number:
2017-250756

Date Filed:
08/16/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Boon-Chapman Benefit Administrators Inc
Austin, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

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.

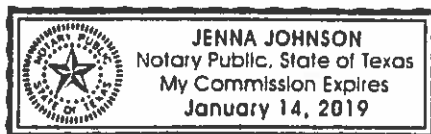
NDA - PBM
Non-Disclosure for PBM RFP Results Discussion

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Chapman, Kevin	AUSTIN, TX United States	X	
	Leftwich, Nyle	Austin, TX United States	X	
	Mabrito, Carri	Austin, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

Kevin S. Chapman, Pres.
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Kevin Chapman, this the 16th day of August, 20 17, to certify which, witness my hand and seal of office.

Jenna Johnson
Signature of officer administering oath

Jenna Johnson
Printed name of officer administering oath

HR + Support + Manager
Title of officer administering oath