

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

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

Davoody M&J LLC
Houston, TX United States

Certificate Number:
2017-284134

Date Filed:
11/15/2017

Date Acknowledged:

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, Texas

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.

Project No. 13318 (Tract 1A)
Acquisition for Right-of-Way

4 Name of Interested Party

City, State, Country (place of business)

Nature of interest
(check applicable)

Controlling Intermediary

Davoody Grandchildren's 2012 Irrevocable Trust

Houston, TX United States

X

Davoody, Ferridhun

Houston, TX United States

X

Davoody, Jafar

Houston, TX United States

X

5 Check only if there is NO Interested Party.



6 AFFIDAVIT



NANCY K BOSIRE
My Commission Expires
August 3, 2019

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

[Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JAFAR RIAZ DAVOODY, this the 15th day of NOVEMBER, 20 17, to certify which, witness my hand and seal of office.

[Signature]

NANCY BOSIRE

Signature of officer administering oath

NANCY BOSIRE

Printed name of officer administering oath

NB
[Signature] NOTARY

Title of officer administering oath

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5 Check only if there is NO Interested Party. ☐

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Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____,
20_____, 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