

FORT BEND COUNTY
REQUEST FOR CHECK

Date Requested: October 2, 2018

Check Needed By: ASAP

Fort Bend County P.O. No.:

Vendor: **Property Acquisition Services, LLC**

Address: 19855 Southwest Freeway, Suite 200
Sugar Land, TX 77479
Office (281) 343-7171

Project Location: South Post Oak Blvd.

Payee: **Fort Bend Title, LLC**

Payee's Address: 407 Julie Rivers Drive
Sugar Land, TX 77478

Payee's Tax ID/SS #: On File

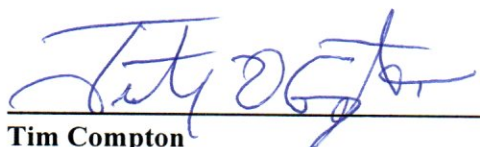
Amount of Check: **\$51,717.22**

Description:

Parcel 43- Being a 0.1154 acre (5,026 square feet) tract of land, situated in the Manuel Escalera Survey, Abstract 170, Fort Bend County, Texas.

Comments: **PLEASE RETURN CHECK TO TIM COMPTON / PAS**

Requested By:


Tim Compton

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.

JoeRita LLC
Houston, TX United States

Certificate Number:
2018-420780

Date Filed:
10/31/2018

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/ S. Post Oak Project

Date Acknowledged:
11/06/2018

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.

Parcel 43 S. Post Oak Project
Right of Way Acquisition Parcel 43, S. Post Oak Project

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)