

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:
2023-1103005

Date Filed:
12/11/2023

Date Acknowledged:

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

emocha Mobile Health Inc.
Brooklandville, MD United States

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

Hidalgo 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.

23-0459

Video directly observed therapy platform to help improve medication adherence and support patient management.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sebastian , Seiguer	Baltimore, MD United States	X	
	ABS Capital Partners VIII, L.P.	Hunt Valley, MD United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Sebastian Seiguer, and my date of birth is [REDACTED].

My address is 10807 Falls Road, # 828, Brooklandville, MD, 21022, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Baltimore County, State of MD, on the 12 day of 12, 2023.
(month) (year)



Signature of authorized agent of contracting business entity (Declarant)

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	Sebastian , Seiguer	Baltimore, MD United States	X	
	ABS Capital Partners VIII, L.P.	Hunt Valley, MD United States	X	

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)