

WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

I hereby swear, affirm and represent to Williamson County that my signature below represents that I am authorized to bind the bidder/proposer to fully comply with the pricing, terms and conditions for the Contract listed below and any extension thereof, if applicable.

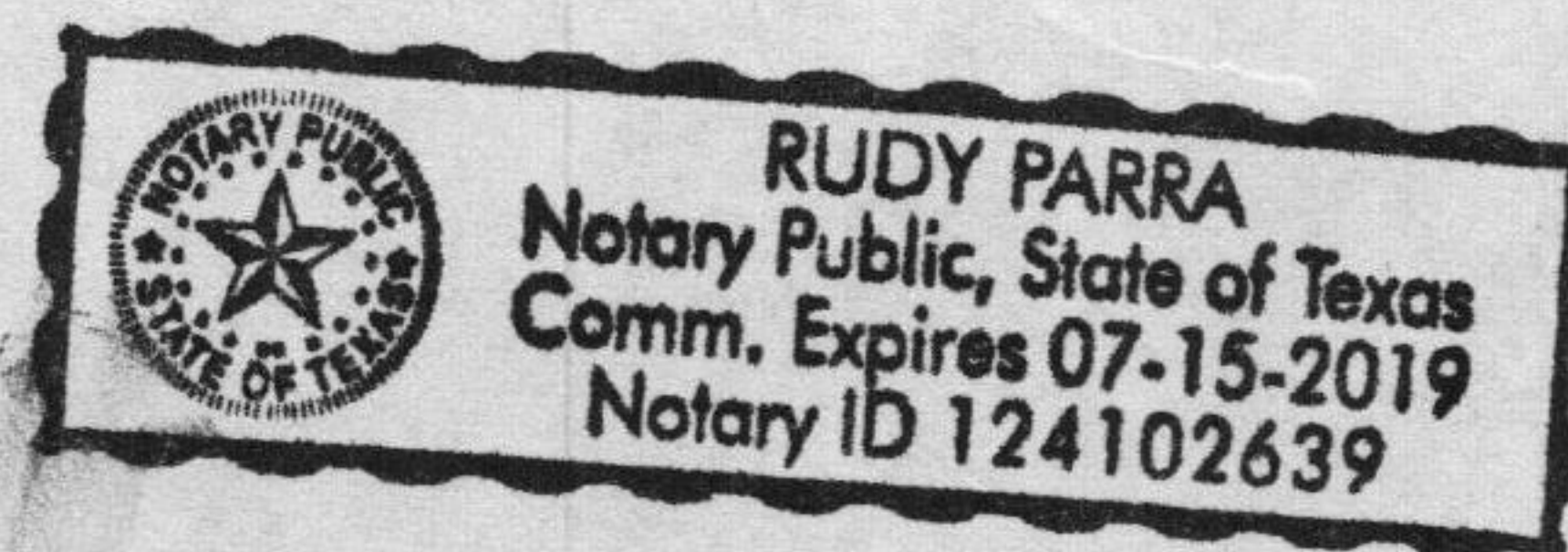
Note: If Signature is by an agent, other than the Sole Proprietor(s) or an officer of a Corporation, Limited Liability Company, General Partner or a member of a General Partnership, a Power of Attorney or equivalent document must be submitted to the Williamson County Purchasing Department prior to being recommended for award of the contract or renewal.

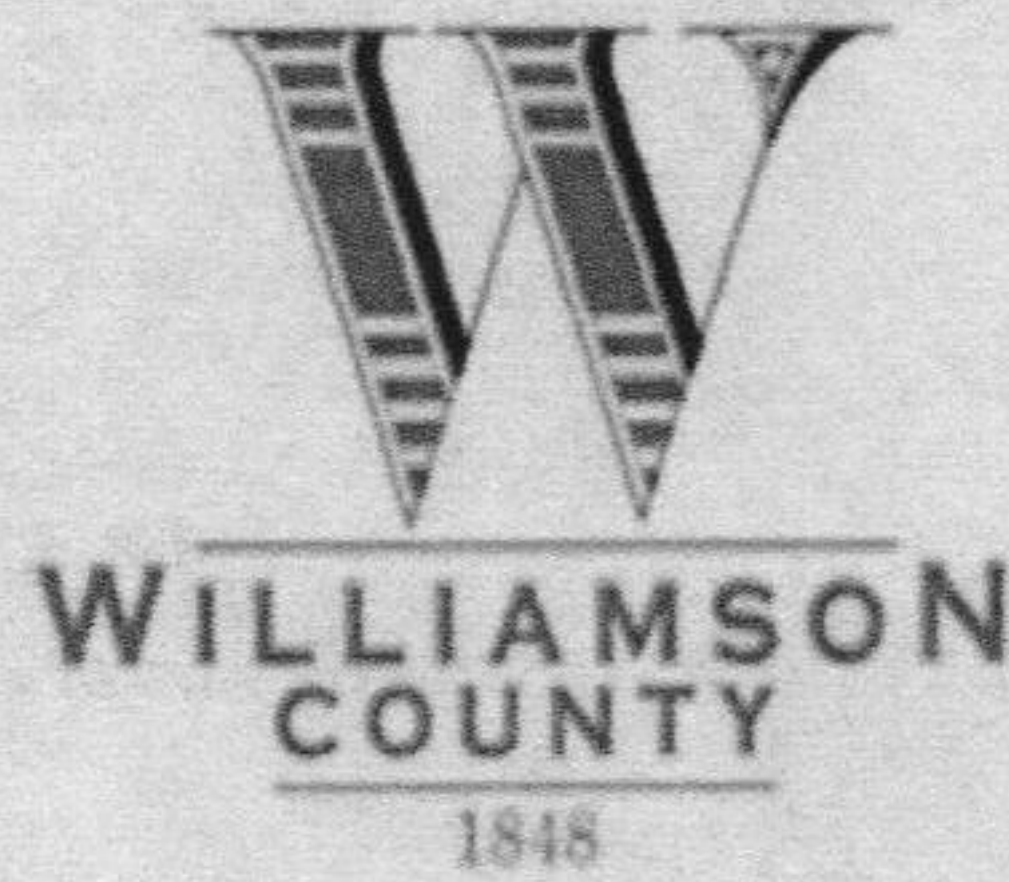
| | |
|---|--|
| Contract Number: | 1604-071 |
| Contract Name: | Medical Supplies for Williamson County Jail |
| Name of Company: | New Dimension Pharmacy |
| Contact Person: | Dr. Carlos Heath |
| Phone: | 713.263.7680 |
| Email: | newdimensionpharmacy@yahoo.com |
| Date: | May 2, 2017 |
| Printed Name of Person Submitting Affidavit: | Dr. Carlos Heath |
| Signature of Person Submitting Affidavit: | |

On this, the 3 day of May, 2017, before me a notary public, the undersigned officer, personally appeared Carlos Heath, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public





Summary Agreement for Renewal of Williamson County Contract

| | | | | | | | |
|--|---|--|------------------|-------------------------|------------------------------|-------------------------|------------------------------|
| Purchase/Contract Type: | Goods | Department: | Sheriff's Office | | | | |
| Vendor Name: | New Dimension Pharmacy | | | | | | |
| Vendor Address: | 1102 Pinemont STE. F, Houston, TX 77018 | | | | | | |
| Purpose/Intended Use of Product or Service (summary): | | | | | | | |
| Medical Supplies for Williamson County Jail | | | | | | | |
| P.O./Contract Number: | 1604-071 | Effective Date: | July 07, 2017 | | | | |
| Purchaser/Contract Specialist: | Dianne West | Expiration Date: | July 06, 2018 | | | | |
| Requested By: | Sheriff's Office/Jail | | | | | | |
| Detailed description of renewal of product and/or service. | | | | | | | |
| <ul style="list-style-type: none"> • Williamson County wishes to extend this bid/proposal for the same pricing, terms and conditions as the existing contract. LEASE INCLUDE THE FOLLOWING: <ul style="list-style-type: none"> - COMPLETED 1295 FORM; AND - RENEWED INSURANCE CERTIFICATE IF IT WAS REQUIRED IN BID/PROPOSAL. • Extend Contract for the 1st one (1) year renewal option period: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Renewal Option Period 1</td> <td>July 7, 2017 – July 06, 2018</td> </tr> <tr> <td>Initial Contract Period</td> <td>July 7, 2016 – July 06, 2017</td> </tr> </table> | | | | Renewal Option Period 1 | July 7, 2017 – July 06, 2018 | Initial Contract Period | July 7, 2016 – July 06, 2017 |
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| Initial Contract Period | July 7, 2016 – July 06, 2017 | | | | | | |
| BY SIGNING BELOW, THE PARTIES AGREE TO THE TERMS OF EXTENSION SET OUT HEREIN | | | | | | | |
| Vendor: New Dimension Pharmacy | | Williamson County, 901 S.Austin Ave., Georgetown, TX 78626 | | | | | |
| Name: Dr. Carlos Heath | | Dan A. Gattis | | | | | |
| Title: President/CEO | | Williamson County Judge | | | | | |
| Signature | | Signature _____ | | | | | |
| Date: May 2, 2017 | | Date _____ | | | | | |

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.

The Basileia Group, Inc. dba New Dimension Pharmacy Houston, TX United States

Certificate Number: 2017-201554

Date Filed: 05/02/2017

Date Acknowledged:

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

Williamson 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.

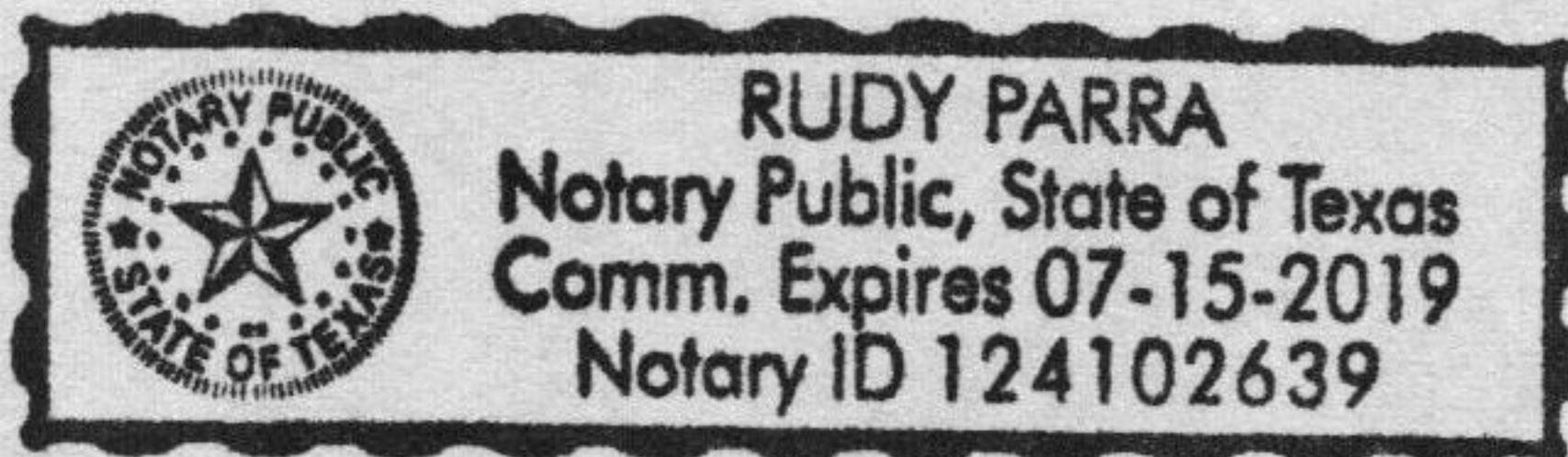
1604-071 Medical Supplies for Williamson County Jail

Table with 4 columns: Name of Interested Party, City, State, Country (place of business), Nature of interest (Controlling, Intermediary). Row 1: Heath, Carlos, Houston, 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.



Handwritten signature of Carlos Heath over a horizontal line.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Heath, this the 3 day of May, 2017, to certify which, witness my hand and seal of office.

Handwritten signature of Rudy Parra.

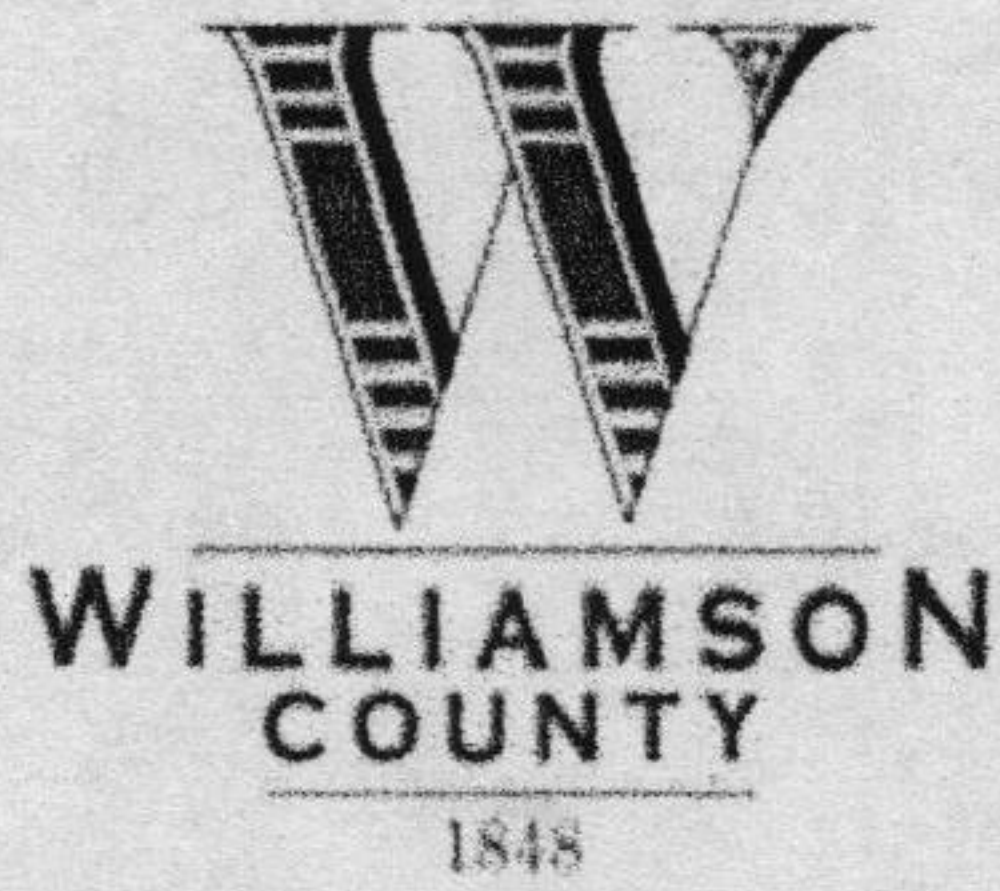
Signature of officer administering oath

Printed name of officer administering oath: Rudy Parra

Printed name of officer administering oath

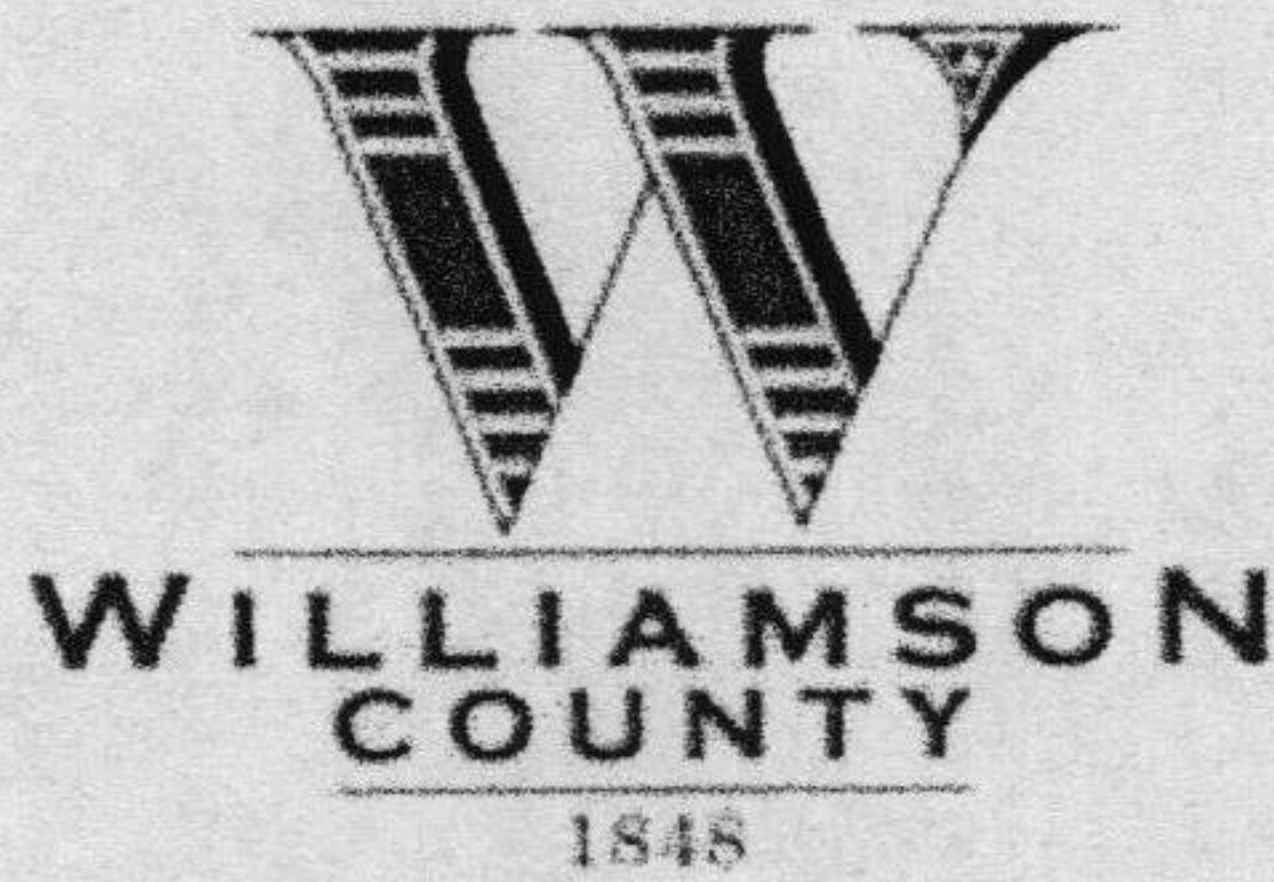
Title of officer administering oath: Assistant Office Manager

Title of officer administering oath



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| Name: Dr. Carlos Heath | | Dan A. Gattis | | | | | |
| Title: President/CEO | | Williamson County Judge | | | | | |
| Signature _____ | | Signature _____ | | | | | |
| Date: May 2, 2017 | | Date _____ | | | | | |



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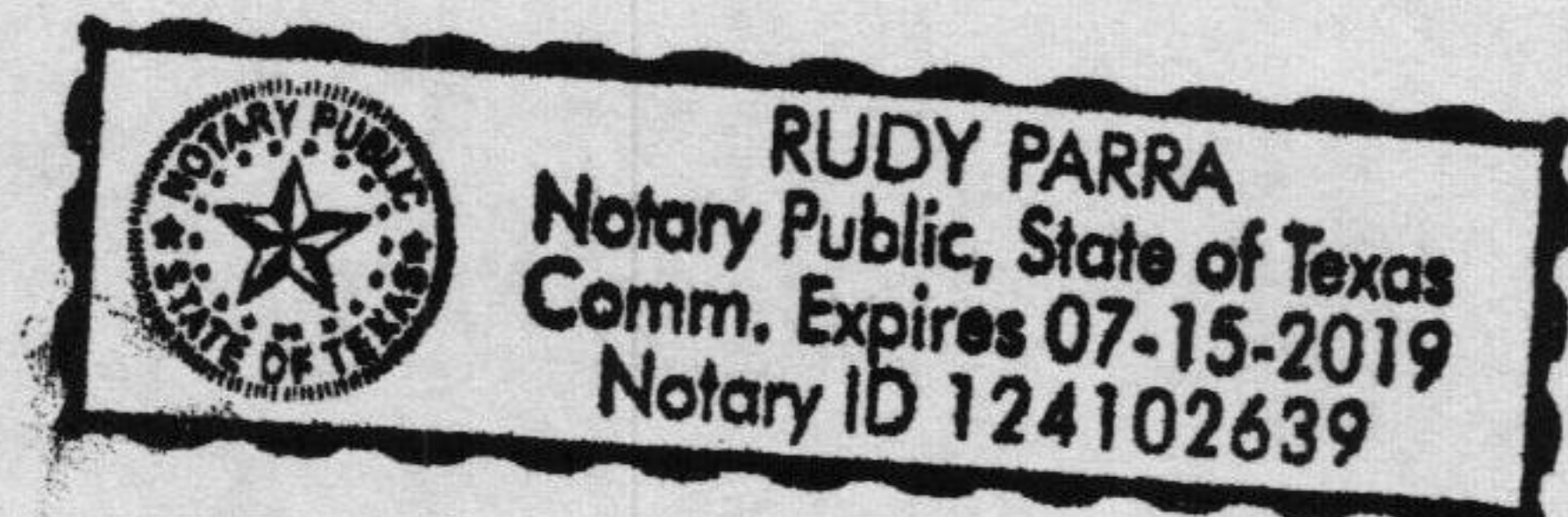
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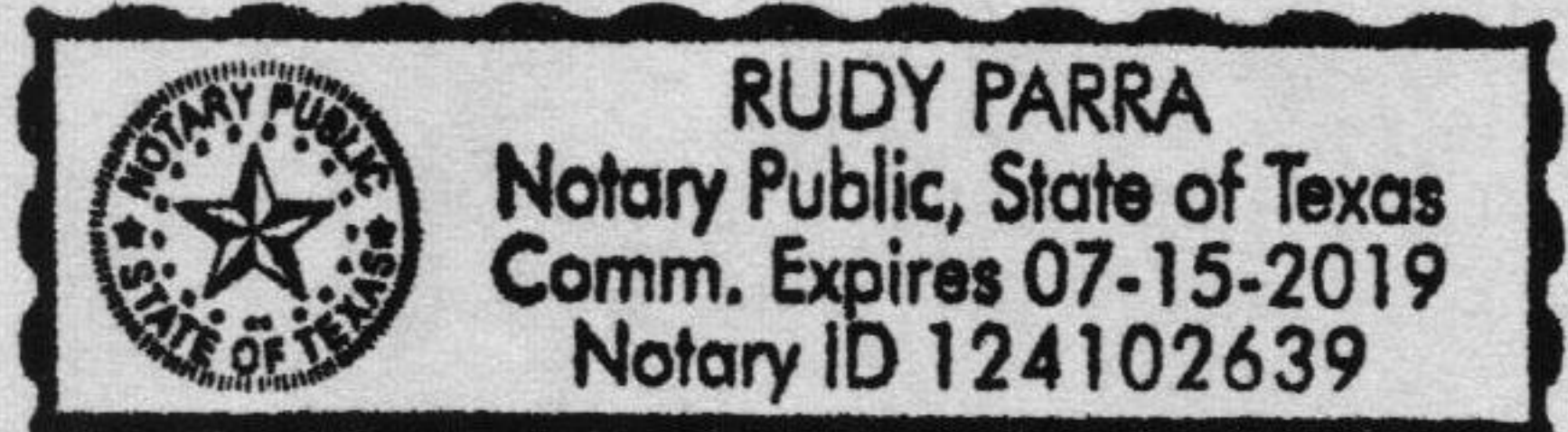
1604-071
 Medical Supplies for Williamson County Jail

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Heath, Carlos | Houston, TX United States | X | |
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| | | | | |
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| | | | | |
| | | | | |
| | | | | |

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

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[Handwritten Signature]

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Carlos Heath, this the 3 day of May, 2017, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Rudy Parra Printed name of officer administering oath
Assistant Office Manager Title of officer administering oath