

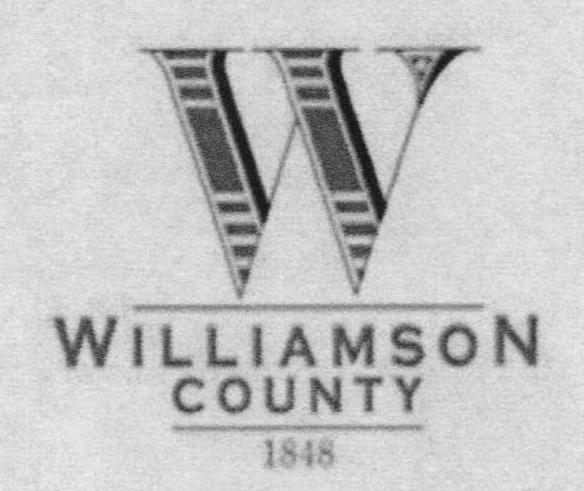
WILLIAMSON COUNTY AFFIDAVIT AUTHORIZED VENDOR REPRESENTATIVE

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 Genera 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. RUDY PARRA Notary Public, State of Texas Comm. Expires 07-15-2019 Notary ID 124102639



Summary Agreement for Renewal of Williamson County Contract

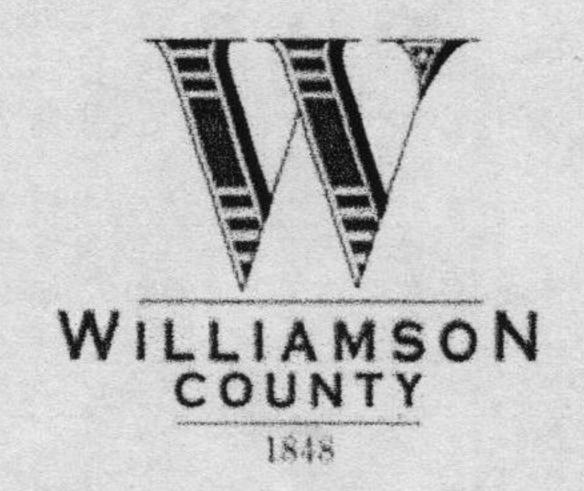
Purchase/Contract Type:	Goods	Department:	Sheriff's Office			
Vendor Name:	New Dimension Ph	armacy				
Vendor Address:	1102 Pinemont STE	102 Pinemont STE. F, Houston, TX 77018				
Purpose/Intended Use of Product	or Service (summary):					
Medical Supplies for Williamson Co	unty Jail					
P.O./Contract 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.					
 COMPLETED 1295 FORM; A RENEWED INSURANCE CER Extend Contract for the 1st one Renewal Option Period 1 Initial Contract Period 	TIFICATE IF IT WAS REQU	n period: 06, 2018				
BY SIGNING BELOW, THE PARTIES Vendor: New Dimension Pharmacy	AGREE TO THE TERMS C		HEREIN County, 901 S.Austin Ave., Georgetown, TX 78626			
Name: Dr. Carlos Heath		Dan A. Gat	UIS			
Title: President/CEO Signature		Williamson	County Judge			
Signature Signature		Signature_				
Date: May 2, 2017		Date				

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

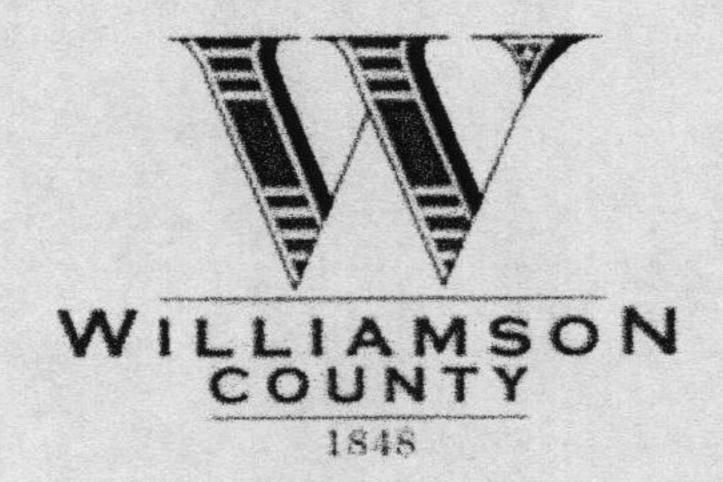
1 of 1

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	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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING				
1	of business. The Basileia Group, Inc. dba New Dimension Pharmacy			Certificate Number: 2017-201554			
7	Houston, TX United States Name of governmental entity or state agency that is a party to the	ne contract for which the form is		Filed: 2/2017			
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			05/02/2017			
	Williamson County	Date Acknowledged:					
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 1604-071 Medical Supplies for Williamson County Jail	ity or state agency to track or identifed ded under the contract.	fy the c	ontract, and pro	vide a		
4				Nature o	finterest		
	Name of Interested Party	City, State, Country (place of business)		The state of the s	pplicable)		
He	ath, Carlos	Houston, TX United States		Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
	RUDY PARRA Notary Public, State of Texas Comm. Expires 07-15-2019 Notary ID 124102639 AFFIX NOTARY STAMP / SEAL ABOVE	affirm, under penalty of perjury, that the signature of authorized agent of cor	1				
	Sworn to and subscribed before me, by the said <u>arlos</u> Head to certify which, witness my hand and seal of office.	sHL, this the	3_	day ofM	199		
	Ridy P) avva	Assi	sh. LOff	ic a Manor		



Summary Agreement for Renewal of Williamson County Contract

Purpose/Intended Use of Product or Service (see Medical Supplies for Williamson County Jail P.O./Contract Number: 1604-07 Purchaser/Contract Specialist: Dianne (See Medical By: Sheriff's Sheriff's Sheriff's Sheriff's Detailed description of renewal of product and Williamson County wishes to extend this contract. LEASE INCLUDE THE FOLLOWING: - COMPLETED 1295 FORM; AND - RENEWED INSURANCE CERTIFICATE IF IT OF See Medical Step 19 July 7, 2 Initial Contract Period July 7, 2 BY SIGNING BELOW, THE PARTIES AGREE TO THE PARTIES AGREE	ummary): /1 West /Office/Jail I/or service. bid/proposal T WAS REQUI	Effective Date: Expiration Date IRED IN BID/PROPOSA period:	e;	July 07, 2017 July 06, 2018 ditions as the existing		
Purpose/Intended Use of Product or Service (st. Medical Supplies for Williamson County Jail P.O./Contract Number: 1604-07 Purchaser/Contract Specialist: Dianne (St. Medical Supplies of Product Specialist: Dianne (St. Medical Supplies of Product Specialist: Dianne (St. Medical Supplies of Product and St. Medical Supplies of Product and St. Medical Supplies of Product and St. Medical Supplies of Product and Medical Supplies of Product and Medical Supplies of Product and St. Medical Supplies of Product and Medical Supplies of Product and Medical Supplies of Product and Supplies of Product and Medical	ummary): /1 West //Or service. bid/proposal T WAS REQUI	Effective Date: Expiration Date al for the same pricing URED IN BID/PROPOSA period:	e;	July 06, 2018		
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BY SIGNING BELOW, THE PARTIES AGREE TO THE Vendor: New Dimension Pharmacy	2016 — July 06)6, 2017				
	HE TERMS OF			ve., Georgetown, TX 78626		
Name: Dr. Carlos Heath		Dan A. Ga	ttis			
Title: President/CEO		Williamson County Judge				
Signature SIJ		Signature				
Date: May 2, 2017		Date				



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Notary Public

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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Complete Nos. 1 - 4 and 6 if there are i Complete Nos. 1, 2, 3, 5, and 6 if there	nterested parties. are no interested parties			OFFICE USE			
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:				
Name of governmental entity or state being filed. Williamson County					Date Acknowledged:		
Provide the identification number us description of the services, goods, of 1604-071 Medical Supplies for Williamson C	or other property to be	al entity or state agency to track or identi provided under the contract.	fy the co	ontract, and pro	vide a		
Name of Interested	d Party	City, State, Country (place of bus	iness)		f interest oplicable) Intermediary		
leath, Carlos		Houston, TX United States		X			
Check only if there is NO Interested	Party.						
AFFIDAVIT	l cw/	ear, or affirm, under penalty of perjury, that t	ho above	disclosure is tru	e and correct		
RUDY PARRA Notary Public, State of Comm. Expires 07-15- Notary ID 1241026 AFFIX NOTARY STAMP / SEAL ABC Sworn to and subscribed before me, be 20 , to certify which, witness	Texas 2019 39 VE y the said Carlos	ignature of authorized agent of continued agent agent of continued agent	1				
Signature of officer administering	2	ame of officer administering oath	and the second second	officer administe	ring oath		