

West Virginia Ethics Commission  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Cynet Health Inc. Address: 21000 Atlantic Blvd #700  
Sterling, Virginia, 20166

Name of Authorized Agent: Ashwani Mayur Address: 21000 Atlantic Blvd #700, Sterling, VA

Contract Number: \_\_\_\_\_ Contract Description: To establish an open-end contract for direct care staffing for Registered Nurse(s), Licensed Practical Nurse(s), Certified Nursing Assistant(s), and Health Service worker(s).

Governmental agency awarding contract: West Virginia Department of Health and Human Resources (WVDHHR),  
Purchasing Division, The Office of Health Facilities (OHF)

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

**1. Subcontractors or other entities performing work or service under the Contract**

Check here if none, otherwise list entity/individual names below.

**2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)**

Check here if none, otherwise list entity/individual names below.

Ashwani Mayur, Co-CEO (50%) Nickhil Budhiraja, Co-CEO (50%)

**3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)**

Check here if none, otherwise list entity/individual names below.

Arpit Paul | VP - Strategy & Client Partnership, Email: arpitp@cynethealth.com, P: 571-(442) 1007

Signature: \_\_\_\_\_

Date Signed: 06/15/2023

**Notary Verification**

State of Virginia, County of Loudoun:

I, Vikas Garg, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 15<sup>th</sup> day of June 2023

Notary Public's Signature



**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_

Date submitted to Ethics Commission: \_\_\_\_\_

Governmental agency submitting Disclosure: \_\_\_\_\_