

Respondent Data Form

1. Full Legal Name of Respondent: Pegasus Schools, Inc.
 Federal Employer's ID: 74-2569814
 or Texas Vendor ID: _____
2. Legal Status: (Please check only one)
 Public Agency
 Private, nonprofit corporation
 State of Texas
 Charter Number: 1150358
 Partnership (Attach a copy of partnership agreement and a list of the names, addresses, and social security numbers of all partners.)
 Private, for profit corporation
 State of _____
 Charter Number: _____
 Governmental entity (please specify) _____
 Sole Proprietorship
3. Address of Respondent
896 Robin Ranch Road, Lockhart, TX 78644
 Street Address City State Zip
P.O. Box 577, Lockhart, TX 78644
 Mailing Address City State Zip
4. Executive Director/Chief Executive Officer/Owner
 Name Robert Ellis
 Title CEO
 Phone (512) 432-1626
 FAX (512) 398-3518
 Email robertellisceo@myway.com
5. Contact Person (person who can answer questions and take calls regarding this proposal)
 Name Tim Brown
 Title Program Director
 Phone (512) 432-1623
 FAX (512) 398-2760
 Email tim.brown@pegasusschool.net