## Krejci, Cheryl

**To:** Krejci, Cheryl

Subject: RE: 2017 Renewal Request of Bid 14-031 Term Contract for Fuel Treatment Program for

Fort Bend County

From: Certified Labs Bid Department [mailto:CertifiedLabs.BidDepartment@nch.com]

Sent: Wednesday, January 25, 2017 3:00 PM

**To:** Krejci, Cheryl < <u>Cheryl.Krejci@fortbendcountytx.gov</u>> **Cc:** Shea Holder < Shea.Holder@certifiedlabs.com>

Subject: FW: 2017 Renewal Request of Bid 14-031 Term Contract for Fuel Treatment Program for Fort Bend County

Good Afternoon,

Please see our attached Form 1295 in regards to the renewal of Bid #14-031-Term Contract for Fuel Treatment Program, for Certified Laboratories.

Please feel free to contact me with any questions or concerns you may have.

Thank you,

Corporate Bid Manager & Contract Administrator

Toni L. Boyd

CERTIFIED LABORATORIES | 1300 E. Northgate Dr. Irving, TX 75062 | 972-438-0563 direct |

800-527-9929 x0563 toll free | Fax: 972-438-0634 | Email: CertifiedLabs.BidDepartment@NCH.com |

## **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

				1 01 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.	CE	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.	Certificate Number:			
	Certified Laboratories, a division of NCH Corporation	2017	2017-158419		
2	rving, TX United States		Date Filed: 01/25/2017		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.				
	ORT BEND COUNTY		Date Acknowledged:		
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.				
	BID 14-031 FERM CONTRACT FOR FUEL TREATMENT PROGRAM				
4	Name of Interested Party City, State, Country (place of busin	222)	Nature of interest (check applicable)		
	Name of Interested Party City, State, Country (place of busin	ess)	Controlling Intermediary		
	·				
5 Check only if there is NO Interested Party.					
<b>,</b>	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.				
	1000 Rone				
	Signature of authorized agent of contracting business entity				
AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said 100 Boyo, this the 26th day of January, 2017, to certify which, witness my hand and seal of office.					
- -	SHARON TANNER Notary Public  Signature of officer administering oath  Printed name of officer administering oath  Printed name of officer administering oath				
	My Comm. Exp. April 17,	2017			