



IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the date signed by the final party.

FORT BEND COUNTY

NEXT LEVEL URGENT CARE, LLC

\_\_\_\_\_  
KP George/ County Judge  
Emergency Management Director

\_\_\_\_\_  
Authorized Agent – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent- Printed Name

ATTEST:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Laura Richard, County Clerk

\_\_\_\_\_  
Date

Reviewed by:

\_\_\_\_\_  
Dr. Jacquelyn Johnson-Minter, MD, MBA, MPH  
Director of Health and Human Services

APPROVED AS TO LEGAL FORM:

\_\_\_\_\_  
Michelle L. Turner  
General Counsel Division Chief  
County Attorney Office

Exhibit One: Request for Contractor Name Change

#### AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$\_\_\_\_\_ to accomplish and pay the obligation of Fort Bend County under this contract.

\_\_\_\_\_  
Robert Ed Sturdivant, County Auditor

Exhibit One:

Request for Contractor Name Change