

From: [Certified Labs Bid Department](#)
To: [Krejci, Cheryl](#); [Holder79@hotmail.com](#)
Cc: [Weaver, Norma](#)
Subject: RE: B14-031 Renewal request letter for Certified Labs
Date: Tuesday, February 02, 2016 2:17:24 PM

Ms. Krejci,

I apologize for the inconvenience! We have had several email server issues in the past few weeks.

Certified Laboratories, division of NCH Corporation, would like to renew this contract under the same terms and conditions through March of 2017. We are excited to continue doing business with Fort Bend. Please feel free to contact either myself, or Shea Holder if you need anything at all.

Thank you,

Ms. Toni L. Boyd

Corporate Bid Manager & Contract Administrator
NCH Corporation Headquarters-Irving, TX
[The Chemsearch Companies](#) & [Certified Laboratories](#)
ph (972)438-0563 fax (972)438-0634

From: Krejci, Cheryl [mailto:Cheryl.Krejci@fortbendcountytexas.gov]
Sent: Tuesday, February 02, 2016 2:12 PM
To: [Holder79@hotmail.com](#); Certified Labs Bid Department
Cc: Weaver, Norma
Subject: RE: B14-031 Renewal request letter for Certified Labs
Importance: High

Ms. Boyd,

I don't see in any of our emails where Certified stated they would renew this contract under the same terms and conditions through March, 2017. You may reply to this email or email a letter.

Thank you.

Cheryl Krejci, CPPB

Senior Buyer
Fort Bend County Purchasing
301 Jackson Suite 201
Richmond TX 77469

281-341-3759 

cheryl.krejci@fortbendcountytexas.gov 

From: Weaver, Norma
Sent: Monday, January 25, 2016 9:03 AM
To: Holder79@hotmail.com
Cc: Krejci, Cheryl
Subject: B14-031 Renewal request letter for Certified Labs

Please see the attached correspondence and respond accordingly.

Thank you.

Norma J. Weaver
Administrative Assistant
301 Jackson Street, Suite 201
Richmond, Texas 77469
281-341-8640
281-341-8645 (fax)
norma.weaver@fortbendcountytexas.gov

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 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.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2016-6910

Date Filed:
 01/28/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Certified Laboratories, a division of NCH Corporation
 Irving, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

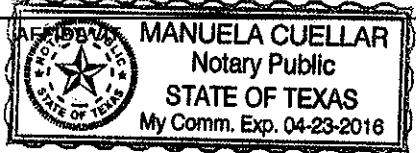
Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

Bid 14-031
 Term Contract for Fuel Treatment Program

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Toni Boyd

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Toni Boyd, this the 28 day of Jan, 2016, to certify which, witness my hand and seal of office.

Manuela Cuellar Manuela Cuellar notary public

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 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.

**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.
Certified Laboratories, a division of NCH Corporation
Irving, TX United States

Certificate Number:
2016-6910

Date Filed:
01/28/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

Date Acknowledged:
02/09/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.
Bid 14-031
Term Contract for Fuel Treatment Program

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath