



February 2, 2017

Cheryl Krejci
Senior Buyer
Fort Bend County
301 Jackson Street, Suite 201
Richmond, TX 77469

RE: Bid 16-069
Term Contract for the Purchase of Periodical Subscriptions

Dear Ms. Krejci,

In accordance with current provisions, this is letter of agreement to extend the term of the above referenced contract for an additional one year period, April 1, 2017 through March 31, 2018. All other terms and conditions remain unchanged.

We look forward to providing continued service to you. If you have any additional questions, please feel free to contact me.

Cordially,

A handwritten signature in cursive script that reads "Debra M. Knox".

Debra M. Knox
Director of Contract Administration

201 Village Road ♦ Charlotte, North Carolina 28470
800-571-9554 ♦ <http://www.wtcox.com>

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.
WT Cox Information Services
Shallotte, NC United States

Certificate Number:
2017-161642

Date Filed:
02/02/2017

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:
02/14/2017

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 services, goods, or other property to be provided under the contract.
16-069
Periodical Subscriptions for County Libraries

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