



P.O. Box 820
Holland, Ohio 43528
800-875-2785

November 16, 2017

Fort Bend County Libraries
1001 Golfview Drive
Richmond, TX 77469

Midwest Tape is a full-service media distributor, offering a wide variety of solutions to libraries. This letter is to confirm that Midwest Tape's Audiobook and DVD offerings qualifies us as a sole source provider.

Every audiobook from Midwest Tape is repackaged and shipped in our exclusive SoundSafe™ case at no additional charge. The patented SoundSafe™ case is engineered specifically for libraries and provides secure storage and durability to withstand misuse, drop-box crashes, and automated handling systems. Inside the case, sturdy sleeves hold discs securely and provide easy placement and removal of product.

DVDs for Fort Bend are processed to customized specifications with our exclusive Variable Integrated Processing (VIP) program which integrates digital imaging technology to deliver the highest quality product in the market. In addition, VIP allows the Library to forego label costs and it is also a great theft deterrent.

Midwest Tape warrants that no other providers offer the same Audiobook and DVD offerings which achieve the same level of quality and purpose.

If you desire additional information, please contact me at the toll-free number above or by email sbascuk@midwesttape.com.

Sincerely,

Sue Bascul,
Vice President of Business Development

Cc: Janet Timm, Bid Specialist

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:
2017-285029

Date Filed:
11/16/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Midwest Tape LLC
Holland, OH 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 services, goods, or other property to be provided under the contract.
11002
Midwest Tapes Sole Source

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Intrinsic Partners, LP	Maumee, OH United States	X	
	JJ Eldred Family Limited Partnership	Swanton, OH United States	X	

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.



MARY J JACOBS
Notary Public
In and for the State of Ohio
My Commission Expires
July 2, 2019

Susan Bascuk
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Susan Bascuk, this the 10th day of November, 2017, to certify which, witness my hand and seal of office.

Mary J Jacobs Mary J Jacobs Exec Assistant
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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Certificate Number:
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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:
 11/28/2017

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.

11002
 Midwest Tapes Sole Source

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Intrinsic Partners, LP	Maumee, OH United States	X	
	JJ Eldred Family Limited Partnership	Swanton, OH United States	X	

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