



**National Fitness Campaign LLC - PO Box 2367, San Francisco CA 94126 -  
info@nfchq.com**

April 26, 2018

To Whom it May Concern,

With regards to the exchange of funds between our national sponsor, Fit Radio, and National Fitness Campaign; National Fitness Campaign receives funding from Fit Radio and applies a credit to the invoice sent to the city. The overall funding for the campaign is \$90,000, less the funding contributed by Fit Radio of \$10,000, brings the overall funding to \$80,000. The National Fitness Campaign applies a voluntary material credit of \$5,000 to offset a portion of the cost of the sports floor required for the Fitness Court. This brings the total funding exchange to \$75,000 which will be reflected on the invoice from NFC to Fort Bend County.

If there are further questions please reach out to the Campaign Manager assigned to Fort Bend County, Avery Croteau. His direct line is 832-628-5764 or can be reached by email at [avery@nfchq.com](mailto:avery@nfchq.com).

Sincerely,

Mitch Menaged, *Founder and Director*  
National Fitness Campaign LLC

# 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.**

National Fitness Campaign  
San Francisco, CA United States

**Certificate Number:**  
2018-358814

**Date Filed:**  
05/24/2018

**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:**  
06/05/2018

**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.**

998877  
Fitness equipment

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 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)