

IN WITNESS WHEREOF, the parties put their hands to this Amendment on the dates indicated below.

FORT BEND COUNTY

WSP USA, Inc.


County Judge KP George



KP George, County Judge
12-1-2020

Authorized Agent- Signature

James Caughorn

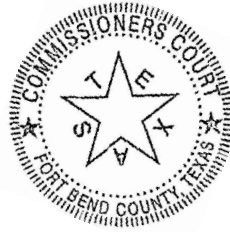
Authorized Agent- Printed Name

Date

Vice President

Title

ATTEST:





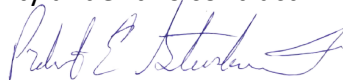
11/24/2020

Date

Laura Richard, County Clerk

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 8,885.99 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert E. Sturdivant, County Auditor

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.
WSP USA INC.
Houston, TX United States

Certificate Number:
2020-692765

Date Filed:
11/24/2020

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

Date Acknowledged:
12/01/2020

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.
RFP15-072 WA#8, Amend#4
Time of performance for services extended no later than February 28, 2021.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	WSP USA Inc.	New York, NY United States	X	

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)