

**SUPPLEMENTAL AGREEMENT NO. 2  
TO  
AGREEMENT OF AUGUST 25, 2020  
FOR  
MASTER SERVICE AGREEMENT**

THIS SUPPLEMENTAL AGREEMENT is made and entered into this 15th day of August, 2022, and modifies the MASTER SERVICE AGREEMENT effective August 25, 2020 (“Effective Date”) by and between Fort Bend Grand Parkway Toll Road Authority, a local government corporation (“Authority”), and USIC Locating Services, LLC, (“Contractor”).

The Agreement is hereby modified as follows:

1. In accordance with Section 3.04 of the Agreement, as amended hereby, the Authority hereby exercises the option to renew the Agreement for one year from August 25, 2022, extending the time for the Contractors performance of the Services under this Agreement to August 24, 2023.
2. In accordance with Section 3.04 of the Agreement, the Authority and Contractor approve a revised Pricing Sheet shown on the attached Exhibit B, which replaces the prior Exhibit B.

This Supplemental Agreement does not alter, modify, or otherwise change any part of the Agreement, except as specifically stated in this Supplemental Agreement.

**[Remainder of page intentionally left blank.]**

**EXHIBIT B**  
**Pricing Sheet**

USIC Locating Services, LLC (“Contractor”) shall provide Services:

In the State of Texas

Member Codes (state One-Call CDC or Customer Description Codes): FBCTRA & GPTRA



• Per One Call Ticket	\$20.70
• Standard Hour Emergencies	\$34.50
• After Hour Emergencies	\$69.00 Flat Fee
• Project Locate	\$69.00 Flat Fee
• Site Surveillance	\$17.25 Per ¼ Hour
• Damage Investigation	\$316.25 Flat Fee



### **Pricing Definitions**

**Per One Call Ticket** -- All tickets for the Authority received from Texas811. Each ticket granted 30 minutes of locating time.

**Project Locate** -- Locate that involves multiple addresses or requires more than 30 minutes to Locate Facilities at the excavation Site.

NOTE: Fee REPLACES the per ticket fee if the either of the two above requirements are met.

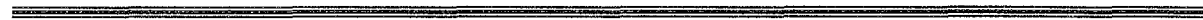
**Site Surveillance** -- If the Authority requests that a contractor technician to be onsite to ensure the protection if the utility during excavation.

**After Hour Emergencies** -- This service will be for After Hour Emergency Tickets that are called in between the hours 5:00pm - 8:00am, Monday - Friday and all-day Saturday & Sunday including Holidays.

NOTE: We do not charge for travel time / Flat Fee

**Damage Investigation** -- Comprehensive damage investigation to assist in determining party at fault.

NOTE: Fee is WAIVED for At-fault contractor damages.



# 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.**  
 USIC Locating Services LLC  
 Indianapolis, IN United States

**Certificate Number:**  
 2022-920318

**Date Filed:**  
 08/09/2022

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
 Fort Bend Grand Parkway Toll Road Authority

**Date Acknowledged:**  
 08/16/2022

**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.**  
 20210329  
 Fiber Optic Network Locating

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	USIC Locating Services, LLC	Indianapolis, IN 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)