

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

FORT BEND COUNTY

KP George
County Judge KP George

KP George, County Judge

**THE RESERVES NETWORK, INC., d/b/a
TEAM1MEDICAL STAFFING**

Laura Bowen

Authorized Agent- Signature

September 13, 2022

Date



Laura Bowen

Authorized Agent- Printed Name

ATTEST:

Laura Richard

Laura Richard, County Clerk

President

Title

9/6/2022

Date

AUDITOR'S CERTIFICATE

I hereby certify that funds in the amount of \$ 150,438.00 are available to pay the obligation of Fort Bend County within the foregoing Agreement.

Robert E. Sturdivant

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**

Certificate Number:
2022-931720

Date Filed:
09/09/2022

Date Acknowledged:
09/13/2022

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
The Reserves Network, Inc., dba Team1Medical Staffing
Houston, TX 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.
29969
Amendment to agreement for additional services

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)