

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

FORT BEND COUNTY

KP George
KP George, County Judge

MODEL 1 COMMERCIAL VEHICLES, INC.

Jeffrey E. Johnson
Authorized Agent- Signature

Jeffrey E. Johnson
Authorized Agent- Printed Name

Regional Public Sector Sales

Title

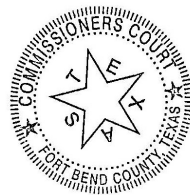
8-28-2025

Date

September 9, 2025

Date

ATTEST:



Laura Richard
Laura Richard, County Clerk

REVIEWED by:

Perri L. D'Armond

Perri L. D'Armond
Fort Bend County Public Transportation Director

AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 1,374,523.20 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert E. Sturdivant
Robert E. Sturdivant, County Auditor

i:\agreements\2025 agreements\public transportation\model 1 commercial vehicles, inc. (24-pt-100718-a1)\24-pt-100718-a2)\2nd amendment to updated bus agreement (24-pt-100718-a2).docx bo

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:
 2025-1356651

Date Filed:
 08/28/2025

Date Acknowledged:
 09/09/2025

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Model 1 Commercial Vehicles, Inc.
 Irving, 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 Transit

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.
 24-PT-100718-A2
 SW0797C Paratransit Cutaway Vehicles

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 _____, _____, _____, _____, _____.
(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)