



3. Contractor does further understand and agree, said understanding and agreement also being of the absolute essence of this Agreement, that the total maximum compensation that Contractor may become entitled to and the total maximum sum that County may become liable to pay to Contractor is hereby increased and shall not under any conditions, circumstances, or interpretations thereof exceed one million four hundred thirty-one thousand seventy-seven dollars (\$1,431,077.00).

(Execution Page Follows)

(Remainder of Page Intentionally Left Blank)

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the 24 day of November, 2025.

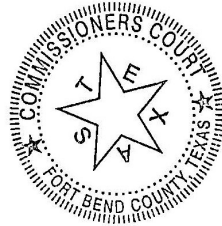
**FORT BEND COUNTY**

KP George  
KP George, County Judge

November 24, 2025  
Date

ATTEST:

Laura Richard  
Laura Richard, County Clerk



**MEADOR STAFFING, INC.**

Melinda Torrison  
Authorized Agent- Signature

Melinda Torrison  
Authorized Agent- Printed Name

President  
Agent's Title

October 23, 2025  
Date

REVIEWED:

Eric Fagan  
ERIC FAGAN  
FT BEND COUNTY SHERIFF

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$ 1,431,077.00 to accomplish and pay the obligation of Fort Bend County under this contract.

Robert Ed Sturdivant  
Robert Ed 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:**  
 2025-1381140

**Date Filed:**  
 10/24/2025

**Date Acknowledged:**  
 11/24/2025

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Meador Staffing Services  
 Pasadena, 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.**  
 24-SO-101016-A2  
 Agreement 24-SO101016-A2

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)