CONTRACT FOR
EMERGENCY MEDICAL SERVICE

This Contract for Emergency Medical Service (this "Contract") is made and entered into as of the **1st day** of **OCTOBER, 2018** by and between **BURNET COUNTY ("COUNTY")**, and **MARBLE FALLS AREA EMERGENCY MEDICAL SERVICE, INC. ("PROVIDER").**

WITNESSETH

WHEREAS, PROVIDER is an experienced medical service provider that is currently providing ground ambulance service to the public, including the residents of the **COUNTY,** whose services involve transportation of the sick or injured and administration of medical supplies and/or equipment and treatment by medically trained personnel in such ambulances; and,

WHEREAS, PROVIDER provides and will continue to maintain "Basic with Mobile Intensive Care Unit" ("MICU") capable ambulances as defined by the "Emergency Medical Services Act" of Texas, and,

WHEREAS, the **COUNTY** desires and has requested that **PROVIDER** provide enhance certain emergency medical and ambulance transportation services for persons located within the **COUNTY'S** boundaries; and,

WHEREAS, PROVIDER is willing to provide such services under the terms and conditions stated herein. Now, therefore, in consideration of the premises and the covenants herein contained, the **COUNTY** and **PROVIDER** agree as follows:

AGREEMENT

1. **SERVICES; THE COUNTY** agrees to utilize **PROVIDER** and its enhanced primary 911-ambulance services to the COUNTY. **PROVIDER** agrees to transport sick or injured person in need of services to medical facilities, and to administer medical supplies, equipment and treatment by qualified personnel, and in connection therewith, **PROVIDER** agrees as follows:

   (a) **PROVIDER** shall provide timely emergency response, treatment and transportation as outlined in this Contract for service.
   (b) **PROVIDER** shall station and MICU ambulance and transport any patient from the **COUNTY** if there is a need for ambulance transportation regardless of race, creed color, handicap or religion, no services shall be denied due to the patient's actual or perceived ability to pay for services rendered pursuant to this CONTRACT.
   (c) PROVIDER shall make available to the COUNTY, upon the **COUNTY'S** request, ambulances and personnel necessary for standby and assistance during emergencies occurring in the **COUNTY.**

(d) **PROVIDER** shall prepare and maintain documentation of all 911 responses that do not result in treatment and/or transportation. Such documentation shall include proper medical documentation and signatures from patient and/or legal guardian indication patient's refusal and the fact the patient was aware of possible medical complications.

(e) **PROVIDER** shall limit emergency transportation of patients to the nearest appropriate medical facility, unless otherwise directed by the attending physician or medical control, where such a diversion is to preserve the patient's life. All such cases on which patients are not transported to the nearest appropriate medical facility will be documented.

(f) **PROVIDER** shall maintain and have available for services in the **COUNTY** at all at least one (1) "Basic with MICU Capable" unit, 24 hours per day, seven days per week. In the event a unit is rendered unavailable for service due to mechanical failure or it is otherwise unavailable for service in the **COUNTY**, a backup unit shall be made available during the period of unavailability of the primary unit. At times of total system saturation the nearest available "Basic with MICU" capability unit will be posted at the most effective location for **PROVIDER'S** total response area, including the **COUNTY**.

(g) **PROVIDER** will obtain insurance information from patients for proper billing and bill private and public insurance agencies directly. **PROVIDER** will also submit Medicaid and Medicare claims and appeal all denials.

(h) **PROVIDER** agrees that is shall provide the emergency medical and ambulance services hereunder during the periods of mad-made r natural disasters and other emergencies as dispatched by the appropriate authority. **PROVIDER** may be entitled to additional compensation in connection therewith. A direct liaison form **PROVIDER** shall be made available to the Emergency Management Coordinator during disaster and similar events for continuity of operations during such events.

2. **SERVICE TERRITORY: PROVIDER** agrees to provide ground ambulance and emergency medical services to the **COUNTY.** The incorporated boundaries of the **COUNTY** are defined as the territorial limits of the **COUNTY** as such currently exist or may exist in the future. The **COUNTY** may amend their service area from time to time by providing not less than thirty (30) days prior written notice thereof to **PROVIDER**.

3. **VEHICLE AND EQUIPMENT: PROVIDER** through its officers, employees and/or agents hereby agrees to:

   (a) Station a "Basic with MICU Capable" ambulance within the boundaries of the **COUNTY**. The vehicle shall remain within the **COUNTY** at all times except when it is being used to provide authorized services hereunder. When this ambulance is out for any reason, including but not limited to mechanical failure, routine maintenance or responding to an emergency dispatch, a replacement ambulance, if available, will be immediately sent to replace the original ambulance.

   (b) Meet and maintain current ambulance vehicle specifications as set forth by Texas Department of State Health Services and in document entitled "Federal Specification Ambulance Emergency Medical Care Vehicle" (as updated from time to time) as published by the General Services

Administration, DOT Federal Specification KKK 1822 or document entitled "Ground Vehicle Standards for Ambulances" as published by the Commission on Accreditation of Ambulance Services.

(c) Equip each ambulance with all required personnel, equipment and supplies for "Basic with MICU Capable" operations as required by the Texas Department of State Health Services rules or as specified by the Corporation's Medical Director.

(d) Meet the operation and maintenance guidelines detailed in Appendix "A".

4. **COMMUNICATION AND DISPATCHING: PROVIDER,** through its officers, employees and/or authorized agents hereby agrees and represents as follows:

(a) Mobile unit communication shall:

(I) Be capable of transmitting and receiving on primary dispatch frequencies as defined by Federal Communications Commission's Rules and Regulations:

(II) Transmit and receive on WRRS (Western Region Radio System) and have encode, call up, or paging capability compatible with all hospital in the CAPCOG (Capital Area Planning Council of Government) Region; and

(III) Be capable of communication directly with the appropriate dispatching and emergency management authorities, primary area of responsibility.

(b) **PROVIDER** shall receive all emergency calls dispatched throughout the appropriate dispatching and emergency management authorities.

(c) **PROVIDER** shall have an ambulance dispatched in response to a direct emergency request for service.

5. ***PERSONNEL: PROVIDER,*** through its officers, employees and/or authorized agents hereby agree to:

(a) Staff each ambulance as required by the Texas Department of State Health Services with a minimum of one certified EMT-Basic and one certified EMT-Paramedic on each "Basic with MICU Capable" ambulance while in-service for all calls.

(b) Comply with the requirements promulgated by the Equal Employment Opportunity Commission.

(c) Maintain a Drug and Alcohol Policy.

(d) Schedule working hours, status and pay structure(s) in compliance with the Fair Labor Standards Act.

(e) Maintain personnel who are at least eighteen (18) years of age, high school graduate or equivalent, and have adequate physical strength and ability to provide emergency medical care under unusual circumstances.

(f) Maintain a full-time supervisor with certification at the EMT-Paramedic level, which will provide supervision over PROVIDER field operations and report directly to PROVIDER administrative personnel.

(g) Obtain and maintain appropriate insurance for its operations hereunder and the use of any **COUNTY** real or personal property, and the **COUNTY** shall be named as the "loss payee" for any property insured thereunder.

6. **RATES: PROVIDER,** through its officers, employees and/or authorized agents, hereby agrees and represents as follows:
   (a) Rates for all services rendered by **PROVIDER** are set forth in Appendix "B". No adjustments to rates set forth in this Contract during its term shall be made without the **COUNTY'S** prior written approval or through a Contract Modification Agreement.
   (b) **PROVIDER** will bill each patient, when applicable, as its then current rates. The responsibility of payment will go to the patient, responsible party, or the patient's insurance carrier. There will no additional charge for filing claims with insurance, Medicare and/or Medicaid.

7. **RESPONSE TIME: PROVIDER**, through its officers, employees, and/or authorized agents hereby agrees that average response times shall be recorded and submitted in writing to the **COUNTY** on a monthly basis. For "first out" emergency (priority 1) response events for which PROVIDER failed to respond in 20 minutes or less, and for "second out" or non-emergency (priority 2) response events for which **PROVIDER** failed to respond in 35 minutes or less, the monthly written report shall identify the event and steps taken and/or to be taken by **PROVIDER** to resolve the exception, when applicable. Elapsed time shall be measured form the immediate time of communication with the Dispatcher dispatching the unit to the time of the unit's arrival on scene. **PROVIDER** shall also provide any reports, information, or other items requested by the **COUNTY**, with the sole exception of patient care information as defined in applicable law or other information made confidential by applicable statue, law, rule, or regulation.

8. **INSURANCE: PROVIDER,** agrees to provide proof of General Liability, Auto Liability, and Malpractice insurance in the amount of $1,000,000.00 per occurrence, $3,000,000.00 combined for its operations and use of **COUNTY** property hereunder. PROVIDER shall also obtain and maintain Worker's Compensation insurance for any employee or volunteer of the **PROVIDER** providing services hereunder. The **COUNTY** shall be named as the "loss payee" for any insurance maintained by the **PROVIDER** hereunder for the **COUNTY'S** property, and **PROVIDER** shall maintain such insurance in effect at all times during the term of this Contract.

9. **QUALITY ASSURANCE AND SERVICE DATA: PROVIDER,** through its officers, employees, and/or authorized agents hereby agrees to:
   (a) Maintain accurate run report documentation. **PROVIDER** shall provide monthly written reports to the **COUNTY** which includes: (ii) the disposition of each call; and (iii) the response time for each call (as defined in this Contract) and any other information requested by the **COUNTY**, with the sole exception of patient care information made confidential under applicable law.
   (b) Provide an approved copy of all transported patient's run reports to the receiving facility each time a transport is made.
   (c) Maintain proper personnel log sheets, which shall be made available to the **COUNTY** upon the **COUNTY** request.

(d) Documentation to be provided in response to the **COUNTY'S** request shall include, but not limited to, the following:

Response information
Proof of Continuing Education of EMS personnel;
EMS personnel certification documentation:
Staffing documentation;
Protocol;
Operational Procedures;
Vehicle and equipment maintenance records; and quality assurance and/or medical Audit records, to the extent allowed by applicable statute, law, rule or regulation.

(e) Allow the **COUNTY** to inspect facilities, vehicles, equipment, supplies, and documents demonstrating conformity to the State of Texas Emergency Service Rules, and any other applicable governmental requirements.

(f) Make available for the **COUNTY** inspection and audit of all financial and business records, as requested by the **COUNTY** that are pertinent to the **COUNTY**. Such records shall be provided within thirty (30) days of the **COUNTY'S** request unless a shorter time is specified by the **COUNTY**.

(g) At the time of execution of this Contract, **PROVIDER** shall give to the **COUNTY** a copy of its proposed budget for services to be rendered during the initial term of this Contract. The budget shall identify anticipated expenditures and revenues for services to be rendered hereunder.

(h) Maintain a "Medical Director" who is licensed medical physician and maintain a consistent continuing education program for ambulance field personnel with a review process that assures continuity of quality care of each and every patient.

10. **CONFIEDENTIALITY:** Except as otherwise provided by law, **PROVIDER** agrees to keep all records of patient information whether by interview, observation, or by review of documents in trust and confidence pursuant to applicable statue, law, rule or regulation. No information will be given to third parties except as provided for in applicable statute, law, rule, or regulation.

11. **CERTIFICATION:** **PROVIDER** will hold and maintain all licenses or permits required by Federal, State and/or local authorities that apply to ambulance operation.

12. **COMPENSATION:** As compensation for fulfilling the duties of **PROVIDER** under the terms of this Contract, the **COUNTY** and **PROVIDER** agree to the following:

For all services rendered under the term of this Contract, the **COUNTY** shall pay to PROVIDER the total sums (the Contract Fee) reflected in the table below and **PROVIDER'S** appropriate share of the VES (Voluntary Emergency Services) donations collected from the citizens of the **COUNTY**.

PROVIDER shall submit a monthly invoice to the County for each of the operational installments of the Contract Fee and the County shall pay each invoice and VES donations by the10th of the following month or as otherwise provided by applicable law.

Term		Paid to Provider Annually
Year 1	October 1, 2018 to September 30, 2019	$ 390,789.00
Year 2	October 1, 2019 to September 30, 2020	$ 410,328.45
Year 3	October 1, 2020 to September 30, 2021	$ 430,844.87
Year 4	October 1, 2021 to September 30, 2022	$ 452,387.11
Year 5	October 1, 2022 to September 30, 2023	$ 475,006.47

13. **MUTUAL AID AGREEMENTS: PROVIDER** shall follow the State of Texas mutual aid statutes and rules to provide back-up emergency services when **PROVIDER** resources are depleted or in the event of man-made or natural disasters.
14. **TERM OF CONTRACT:** This Contract shall become effective October 1, 2018, and, unless terminated in accordance with other sections of this Contract, shall continue in full force and effect for a period of five (5) years, to expire September 30, 2023, subject to applicable law, including **COUNTY'S** right of non-appropriation. In the event that **PROVIDER** is not awarded the renewal contract for this service in FY 23, **PROVIDER** agrees to provide this services as identified in this contract, in the manner specified in this Contract, for an additional six (6) months at the current allotted amount for FY 23 in order to ensure coverage for the **COUNTY** while services are procured via other means. **PROVIDER** shall not decrease or otherwise lessen the services set forth herin during the wind-up period.
15. **TERMINATION:** The **COUNTY** may terminate this Contract by providing written notice of termination to the **PROVIDER** not less than one hundred eighty (180) days prior to the desired termination date, subject or applicable law, including **COUNTY'S** right of non-appropriation; provided, however, in the event **PROVIDER** is unable to respond in a timely manner, or otherwise is in breach of the Agreement, then the **COUNTY** shall have the right to terminate this Contract and secure alternative ambulance service. Likewise, the **PROVIDER** may terminate this Contract by providing notice of termination to the **COUNTY** not less than one hundred eighty (180) days prior to the desired termination date. Either party may terminate this Contract for cause upon thirty (30) day notice.
16. **EFFECT OF TERMINATION ACCRUED FEES:** In the event of the termination of this Contract, PROVIDER shall be entitled to receive any and all amounts to which **PROVIDER** is entitled under the provision of Paragraph 12 in this Contract. Any amounts received under this provision will prorated to date of termination.

17. **CORRESPONDENCE:** Notices given pursuant to this Contact shall be sufficient if sent by U>S> First Class Mail, postage fully prepaid, return receipt requested, to the addresses set forth on the signature page or to other respective addresses as the parties may from time to time designate to each other in writing.
18. **ENTIRE AGREEMENT:** This Contract represents the entire Contract between the parties hereto, and no modification or amendment of the Contract shall be effective unless made by a Contract Modification Agreement in writing and executed by all parties hereto.
19. **HOLD HARMLESS: PROVIDER** shall at all times remain responsible for the acts and omissions of it and its personnel and agrees to hold fully harmless, indemnify, and defend the **COUNTY** from any all possible claims, damages, costs and expenses, including attorneys' fees, arising out of or related to the acts, omissions, the services provided hereunder, or conduct of **PROVIDER** or its personnel. By entering into this Agreement, neither party hereto waives, nor shall be deemed to waive and right immunity, or defense that party may have.
20. **ASSIGNABILITY:** This Contract may not be assigned by either party without the prior written consent of the other party.

IN WITNESS WHEREOF, the **COUNTY** AND **PROVIDER** have executed this Contract to be effective as of OCTOBER 1, 2018.

PROVIDER:

MARBLE FALLS AREA EMERGENCY MEDICAL SERVICE, INC.
609 INDUSTRIAL BOULEVARD
MARBLE FALLS, TEXAS 78654

Jeff Bingham

Jeff Bingham-Board President

8/15/2018

Date

ATTEST:

Cecilia Phillips

Cecilia Phillips-~~Secretary/Treasurer~~

8/15/18

Date

COUNTY:

BURNET COUNTY
220 SOUTH PIERCE STREET
BURNET, TEXAS 78611

James Oakley, County Judge

Date

ATTEST:

Janet Parker

Janet Parker-County Clerk

8/28/18

Date

CERTIFICATE OF AUDITOR

I hereby certify that funds are available in the amount of $390,789.00, to Pay the obligation of Burnet County under the foregoing Contract.

Karen Hardin

Karen Hardin, County Auditor

Date: 8/21/2018

APPENDIX "A"

Vehicle and Equipment Operation and Maintenance

PROVIDER shall meet the following Vehicle and Equipment Operation and Maintenance requirements:

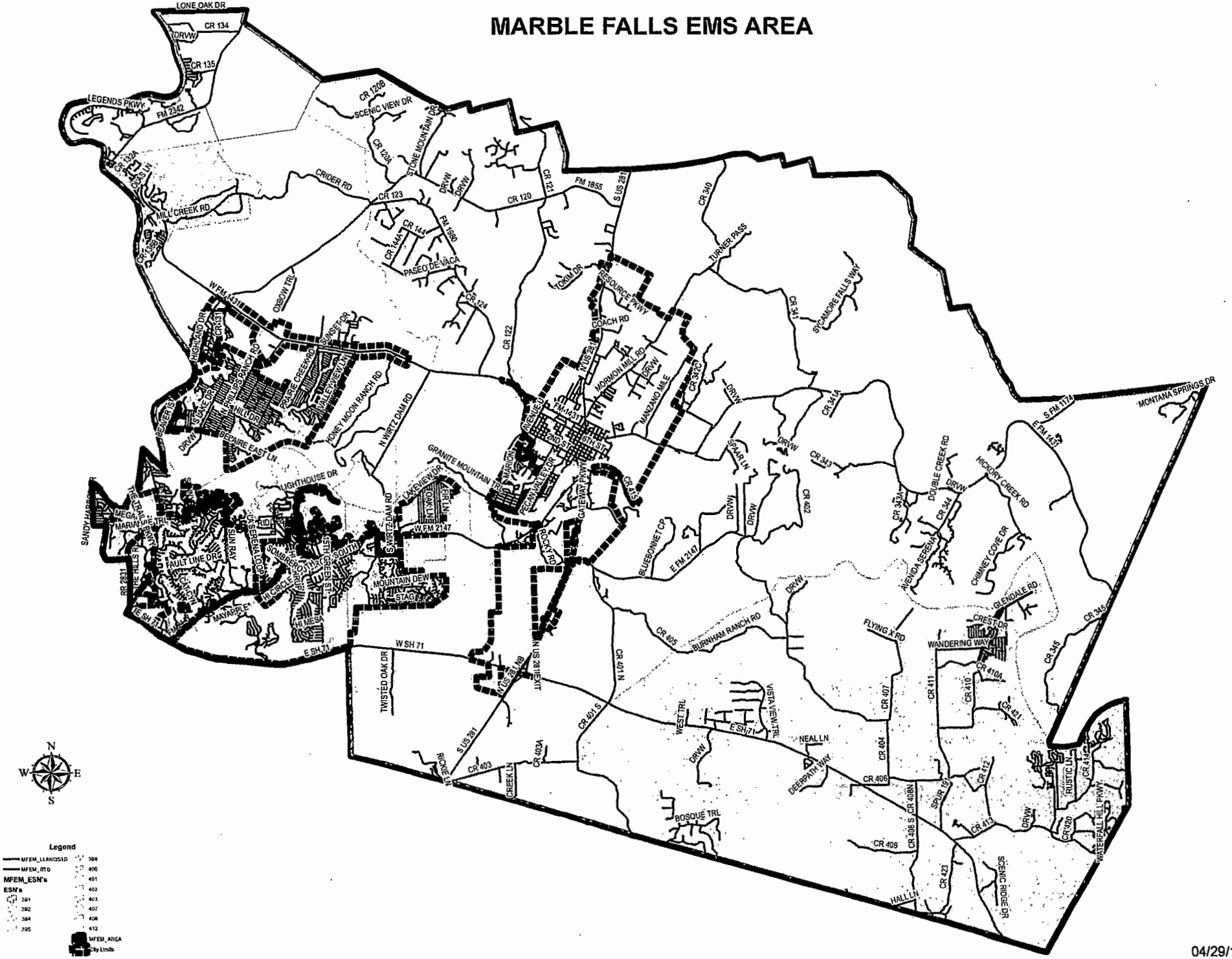
1. The Vehicle(s) and all on board equipment must be in reliable mechanical condition and operating order and must be on a documented schedule of regular maintenance consistent with all the manufactures' recommended maintenance specifications.
2. The interior of the ambulance and the equipment within the ambulance shall be sanitary and maintained in good working order at all times.
3. The equipment shall be of smooth and easily cleaned construction.
4. Linen will be changed after each patient. A commercial linen company will provide laundry service or industry standard disposable linens will be acceptable.
5. All storage spaces used for storage of linen, pillowcases, equipment, medical supplies, at base station(s) or in ambulance(s) shall be enclosed and kept clean. These storage spaces shall be so constructed to permit thorough cleaning.
6. Adequate supplies will be stored in clean contained storage area, free from dust, insects, and rodents. A separate trauma kit with adequate supplies for outside use is required.
7. Pillows and mattress shall be kept clean and in good repair. Protective covers shall be provided.
8. Approved biochemical containers and/ or compartments shall be provided for contaminated supplies.
9. Ambulance interior shall be cleaned after each use as necessary.
10. Exterior surfaces of the ambulance shall be cleaned routinely, and as needed.
11. Blankets used in any ambulance shall be washed at reasonable intervals, and as needed.
12. Disposable EMS supplies used on calls will be replenished as needed.
13. When an ambulance has been utilized to transport a patient known, or suspected to have a communicable disease (air or blood pathogen) the vehicle and equipment shall be cleaned thoroughly and disinfected. **PROVIDER** must have written instruction for disinfecting and disposal of contaminated items.
14. Emergency audible warning devices must function in the way they were designed to function.
15. Body of vehicle(s) must be free from dents and rust, to the extent that there is no interference with or question of safe operation.
16. All equipment in the patient compartment must be adequately secured.
17. Oxygen tanks must bear a current hydrostatic pressure date and must be refilled after used as soon as possible.
18. Ambulances must, at all times, meet state motor vehicles standards, including sufficient tire tread, braking adequacy and other safety hazards.
19. Patient compartment must be free of safety hazards.
20. Seat belts must be in place and in usable condition.

APPENDIX B

Charge Description	2011 Rates	2018 Rates
ALS1 Non-Emergency Base Rate	$895.00	$895.00
ALS1 Emergency Base Rate	$895.00	$895.00
ALS2 Emergency Base Rate	$935.00	$935.00
BLS Non-Emergency Base Rate	$825.00	$825.00
BLS Non-Emergency Base Rate in ALS Unit	$825.00	-
BLS Emergency Base Rate	$825.00	$825.00
BLS Emergency Base Rate in ALS Unit	$825.00	-
ALS Emergency Mileage	$15.50	$18.00
ALS Non-Emergency Mileage	$15.50	$18.00
BLS Non-Emergency Mileage	$15.50	$18.00
BLS Emergency Mileage	$15.50	$18.00
Treatment - No Transport	$150.00	$150.00
Oxygen, Administration, & Supplies / hr	$120.00	$120.00
Pulse Oximeter	$97.00	$97.00
ALS Supplies - Routine Disposable	$55.00	$55.00
BLS Supplies - Routine Disposable	$55.00	$55.00
Extra Attend - 300+ lb Patient	$41.80	$42.00
Extra Attend - CPR	$154.00	$154.00
Extra Attend - Long Stairs	$41.80	$42.00
Ambulance Wait Time (30 min)	$33.00	$33.00
ALS Supplies - IV Therapy	$260.00	$13.00
ALS Supplies - EKG Pads	$38.50	$8.00
ALS Supplies - Defibrillation	$220.00	$455.00
ALS Supplies - Airway Management	$96.50	$430.00
ALS Supplies - External Pacing	$220.00	$455.00
ALS Supplies - Intubation	$104.00	$365.00
ALS Supplies - Capnography	$170.00	$34.00
ALS Supplies - Surgical Airway	$330.00	$228.00
ALS Supplies - IO Infusion	$275.00	$440.00
ALS Supplies - Three Hole Punch	-	$183.00
ALS Supplies - Needle Thoracostomy	$33.00	$43.00
BLS Supplies - Defibrillation (AED)	$44.00	-
BLS Supplies - Combat Tourniquet	-	$98.00
Drug - Acetaminophen	$4.25	$36.00
Drug - Adenosine 12 mg / 4 ml	$69.85	$45.00
Drug - Albuterol (.83%) 3 mL	$5.50	$0.80
Drug - Amiodorone 150 mg / 3 ml	$190.00	$11.00
Drug - Aspirin Chewable 81 mg	$2.20	$0.16
Drug - Atropine Sulfate 1 mg / ml IV	$7.50	$272.00
Drug - Atropine Sulfate 1 mg / 10ml	$15.40	$44.00
Drug - Calcium Chloride 1gm / 10ml	$15.40	$43.00
Drug - Dexamethasone 10mg	-	$17.00
Drug - Dextrose 50% (D50)	$19.80	$49.00
Drug - Diazepam / Valium 10 mg	$27.50	-

Charge Description	2011 Rates	2018 Rates
Drug - Diltiazem / Cardizem 25 mg / 5ml	$71.88	$10.00
Drug - Diphenhydramine 50 mg / ml IV	$9.90	$5.00
Drug - Diphenhydramine - Liquid Oral	$7.50	$17.00
Drug - Dopamine 400 mg / 10ml	$23.10	-
Drug - EPI 1 mg / 10 mL IV	$9.76	$29.00
Drug - EPI 1 mg/cc IV	$16.00	$281.00
Drug - EPI Pen	$180.00	-
Drug - EPI Pen JR.	$180.00	-
Drug - Esmolol	-	$642.00
Drug - Fentanyl/Sublimaze 100 mcg/2ml	$75.75	$8.00
Drug - Glucagon 1 mg	$133.50	$267.00
Drug - Haloperidol 5mg	-	$12.00
Drug - Ipratropium Bromide 2.5 ml	$5.50	$0.80
Drug - Ketamine 50mg/ml 10ml	-	$16.00
Drug - Levophed 4mg/4ml	-	$110.00
Drug - Lidocaine HCl (2%) 100 mg	$27.50	$27.00
Drug - Lidocaine Drip 250 ml	$27.50	-
Drug - Mag Sulfate 5 gm	$22.50	$9.00
Drug - Methylprednisolone 125 mg	$42.50	$47.00
Drug - Midazolam HCl 5 mg	$40.00	$18.00
Drug - Morphine Sulfate, 10 mg	$56.00	-
Drug - Naloxone 2 mg	$37.00	$151.00
Drug - NTG Paste	$12.10	$154.00
Drug - NTG Tablets 0.4 mg	$12.10	$5.00
Drug - Ondansetron 4 mg/2 ml IV	$22.50	$4.00
Drug - Ondansetron 4 mg tablets	$7.00	$4.00
Drug - Oral Glucose Gel 15 g	$6.60	$5.00
Drug - Reglan 5mg/ml	-	$7.00
Drug - Rocuronium / Zemuron	$130.00	$71.00
Drug - Sodium Bicarbonate	$8.11	$50.00
Drug - Sodium Chloride Inj.	$2.20	$2.00
Drug - Sodium Chloride Neb.	$2.20	$1.00
Drug - Succinylcholine 200 mg/10ml	$8.80	$97.00
Drug - Tranexamic Acid	-	$305.00
Drug - Vecuronium 10mg	$90.00	-
IV - D5W 500ml	$42.00	-
IV - D10 250ml	-	$27.00
IV - Normal Saline 100-250 CC	$42.00	$8.00
IV - Normal Saline 1000 CC	$42.00	$22.00
EKG Interpretation	$272.80	$272.00
IV - Blood Draw Procedure	$22.00	-
Spinal Immobilization	$193.60	$58.00
Blood Glucose Test	$47.85	$48.00

MARBLE FALLS EMS AREA



04/29/15

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2018-394045

Date Filed:
08/20/2018

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Marble Falls Area EMS, Inc.
Marble Falls, 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.
Burnet 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.
Burnet18-23
Ambulance Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Campbell, Johnny	Marble Falls, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Johnny M. Campbell, and my date of birth is 06/07/1966

My address is 164 Turkey Run, Meadowlakes, TX, 78654, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Burnet County, State of TEXAS, on the 20 day of August, 2018.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)