

RAINS COUNTY, TEXAS SMALL SERVICES CONTRACT

This Small Services Contract (“Agreement”) is made and entered into by and between Rains County, Texas (“County”) and the undersigned Contractor (“SK Demolition”).

1. PURPOSE AND SCOPE

This Agreement is for one-time, non-professional services as described in Exhibit A. Contractor agrees to perform the services in accordance with the terms and conditions of this Agreement.

2. TERM

This Agreement shall begin on November 17, 2025 and end on December 17, 2025 or, unless terminated earlier under Section 8.

3. COMPENSATION

County agrees to pay Contractor a total amount not to exceed \$11,000 in accordance with Exhibit A. Payment will be made within forty-five (45) days after Commissioners Court approval of invoices. County is tax-exempt.

4. CONTRACTOR’S RESPONSIBILITIES

Contractor shall furnish all labor, equipment, and materials necessary to complete the services described in Exhibit A in a safe, competent, and workmanlike manner.

5. INSURANCE REQUIREMENTS

Before commencing work, Contractor must provide proof of insurance with the following minimum coverage levels:

1. Commercial General Liability – \$1,000,000 per occurrence / \$2,000,000 aggregate
2. Automobile Liability – \$300,000 combined single limit
3. Workers’ Compensation – Statutory (if applicable)
4. Employer’s Liability – \$100,000 per accident

Rains County must be named as an additional insured. Policies must provide at least 30 days’ notice of cancellation. Proof of coverage shall be attached to Exhibit C.

6. INDEMNIFICATION

Contractor shall indemnify, defend, and hold harmless Rains County, its officers, and employees from and against any and all claims, damages, or liabilities arising out of Contractor’s negligence or willful misconduct.

7. INDEPENDENT CONTRACTOR STATUS

Contractor is an independent contractor and not an employee, agent, or representative of Rains County.

8. TERMINATION

County may terminate this Agreement for convenience at any time upon written notice. Contractor shall be paid only for work performed up to the termination date.

9. COMPLIANCE WITH LAW

Contractor shall comply with all applicable federal, state, and local laws, including all licensing and permitting requirements.

10. REQUIRED STATUTORY CERTIFICATIONS

Contractor must complete and attach all certifications in Exhibit B, including Conflict of Interest (CIQ), Form 1295, Israel Boycott, Terrorist Organization, E-Verify, and any applicable HB 23 disclosures.

11. VENUE AND GOVERNING LAW

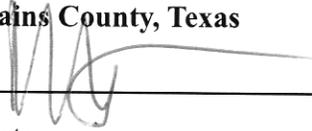
Venue shall be in Rains County, Texas. This Agreement is governed by the laws of the State of Texas.

12. ENTIRE AGREEMENT

This Agreement, including all attached exhibits, constitutes the entire agreement between the parties. No modification shall be valid unless approved by Commissioners Court in writing.

SIGNATURES

Rains County, Texas



Date: _____

Contractor

Steve Bussell

Steve Bussell

Date: November 10, 2025

Date approved or ratified by Commissioners Court _____

SKS Demolition

Creating New Work Space from Old

PO Box 1088

Quitman, Texas 75783

903-571-2716

bussellsteve@yahoo.com

October 9, 2025

Re: Former Driver License Office 109 Wood Street Emory Texas

SKS Demolition is pleased to present our cost estimate for demolition at the above referenced project. Our proposal includes labor, equipment, tools and insurance necessary to complete the proposed work scope. All applicable federal, state and local regulations will be observed.

Thank you for this opportunity to serve you.

If you have any questions or need any additional information, please do not hesitate to call me at (903) 571-2716

Proposal

We propose to perform demolition procedures in accordance with the following work scope:

1. Demolish and dispose of entire structure at 109 Wood Street in Emory Texas
2. Demolish and dispose structure slab, dispose at County local location as directed.
3. Plug and abandon existing utilities in place.

We will execute the above work scope for and in consideration of the following:

Eleven Thousand and No/100's Dollars \$11,000.00

Exclusions:

1. Any exterior site demolition beyond footprint of structures
2. Utility disconnect
3. Any placement of borrow soil
4. Any work outside proposed work scope

Prices quoted include all costs associated with the execution of the proposed work scope unless specifically included herein in accordance with all applicable federal, state and local regulations.

EXHIBIT A
SCOPE OF WORK AND COMPENSATION

Describe in detail the services to be performed, including location, schedule, and compensation.

1. Description of work: Demolish and dispose of entire structure at 109 Wood Street in Emory, Texas
2. Demolish and dispose structure slab, dispose at County local location as directed.
3. Plug and abandon existing utilities in place.

Exclusions: Any exterior site demolition beyond foot print of structures. Utility disconnect, any placement of borrow soil, and any work outside proposed work scope.

4. Location of work: 109 Wood Street, Emory, Texas 75440

5.

6. Materials Provided by County:

County is responsible for contacting supplies for Electric, Gas and Water for disconnection.

7. Rate or Lump Sum:

8. Total Cost to County: \$11,000.00



Asbestos Abatement/Demolition Notification

2025/10/27

Page 1 of 3

Notification Number **2025006585**
Status **Original**

Section I - Facility Information

Type **Public**
Is this a notification of a phased project that meets the requirements of TAHPR 296.251(q)? **No**
Facility **COMMERCIAL BUILDING**
109 WOOD STREET
RAINS
EMORY, TX
75440
Facility Contact **MR. KOREY YOUNG**
Phone **903-348-5436**
Area Description/ Room Number **THROUGHOUT**
Age of building **50 years**
Size **792 square feet**
Number of floors **1**
Is Building Occupied? **No**
Is the facility a School K-12? **No**
Date of Asbestos Survey/NESHAP Inspection **Nov 22, 2025**
DSHS Consultant/Management Planner **License Number: 100379 Name: BRADY ENVIRONMENTAL SERVICES INC Status: Current**
Analytical Method **PLM**

Section II - Type of Notification

Type **Original**
Is this project an emergency? **No**

Section III - Type of Work/Schedule

Type **Abatement/Demolition**
Asbestos Abatement Work Schedule
Start Date **Nov 10, 2025**
End Date **Nov 12, 2025**
Day(s) of Operation **Mon, Tue,**
Work Hours **7:00 AM to 3:30 PM**
Is there a consultant variance or DSHS approved variance? **No**
Demolition Work Schedule

Start Date	Nov 17, 2025
End Date	Nov 17, 2025
Day(s) of Operation	Mon,
Work Hours	7:00 AM to 5:00 PM
Is this an ordered demolition?	No

Section IV - Asbestos to be Affected by Abatement/Demolition Activity

RACM to be removed	
Linear Feet	0
Square Feet	3600

Section V - Description of work practices

Description	REMOVE AND DISPOSE ALL ASBESTOS CONTAINING MATERIAL USING WET METHODS UNDER NEGATIVE CONTAINMENT. FOLLOWING BY COMPLETE WET DEMOLITION.
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Section VI - Project Personnel

Asbestos Abatement Contractor

DSHS License #	800630
Name	HP ECOLOGICAL SERVICES LLC
Address	310 E TRINITY BLVD GRAND PRAIRIE, TX 75050
Phone	972-399-0068
Jobsite Phone	972-399-0068

Demolition Contractor

Name	SKS DEMOLITION
Attention	STEVE BUSSELL
Address	396 CR 2130 QUITMAN, TX 75783
Phone	903-571-2716

Facility Owner

Name	RAINS CO COMMISSIONER PCT 3
Attention	MR. KOREY YOUNG
Address	167 E. QUITMAN STREET, STE. 102 EMORY, TX 75440
Phone	903-348-5436

Project Consultant

DSHS License #	100379
Name	BRADY ENVIRONMENTAL SERVICES INC

Address 14050 CR 411
TYLER, TX 75706
Phone 903-882-6865

Waste Disposal Site
TCEQ Permit # 1312-B
Name CAMELOT LANDFILL
Address 580 HUFFINES BLVD.
THE COLONY, TX 75056
Phone 972-492-3888

Waste Transporter
DSHS License # 400178
Name HP ECOLOGICAL SERVICES LLC
Address 310 E TRINITY BLVD
GRAND PRAIRIE, TX 75050
Phone 972-399-0068

Certification Statement

Name J. MARK SWINNEA, P.E.
Title CONSULTANT
Company Affiliation BRADY ENVIRONMENTAL SERVICES, INC.
Phone 903-882-6865
Email dana@bradyenvironmental.com
Do you wish to defer the filing fee? Yes, I wish to defer the filing fee.
Do you wish to receive the invoice as the delegated agent? No
Date Oct 27, 2025

EXHIBIT B
REQUIRED LEGAL CERTIFICATIONS

By signing below, Contractor certifies compliance with the following statutes and requirements:

- Conflict of Interest Questionnaire (Gov't Code Chapter 176)
- Form 1295 – Certificate of Interested Parties (Gov't Code §2252.908)
- Non-Israel Boycott Certification (Gov't Code §2271.002)
- Prohibition on Contracting with Terrorist Organizations (Gov't Code §2252.152)
- Verification of Employment Eligibility (E-Verify)
- House Bill 23 – Disclosure of Conflicts (if applicable)

Contractor Signature: Steve Bussell **Date:** 11/10/2025

EXHIBIT C
INSURANCE REQUIREMENTS & PROOF OF COVERAGE

Contractor shall provide proof of insurance with the minimum limits stated in Section 5.
Attach certificates of insurance and indicate below:

- Certificate of Insurance attached
- County listed as Additional Insured

Policy Numbers / Carriers / Effective Dates: 4-5-2025 / 4-5-2026

TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. Specific Waiver

Name of person or organization

Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations: All Texas operations

3. Premium:

The premium charge for this endorsement shall be **2.00** percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: Included, see Information Page

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on 4/5/25 at 12:01 a.m. standard time, forms a part of:

Policy no. 0002091868 of Texas Mutual Insurance Company effective on 4/5/25

Issued to: SKS Demolition LLC

This is not a bill



Authorized representative

NCCI Carrier Code: 29939

3/24/25

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

Attached To and Forming Part of Policy 0100209904-2	Effective Date of Endorsement 10/07/2024 12:01AM at the Named Insured address shown on the Declarations	Named Insured SKS Demolition LLC
Additional Premium: \$0	Return Premium: \$0	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE	
Name of Additional Insured Person(s) or Organization(s)	Location(s) of Covered Operations
Blanket, as required by written contract, executed prior to the start of work on the project.	Locations as required and specified by written contract, executed prior to the start of work on the project.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

<i>Attached To and Forming Part of Policy</i> 0100209904-2	<i>Effective Date of Endorsement</i> 10/07/2024 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> SKS Demolition LLC
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)	Location and Description of Completed Operations
Blanket, as required by written contract, executed prior to the start of work on the project.	Locations as required and specified by written contract, executed prior to the start of work on the project.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable limits of insurance;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

<i>Attached To and Forming Part of Policy</i> 0100209904-2	<i>Effective Date of Endorsement</i> 10/07/2024 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> SKS Demolition LLC
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE
ENVIRONMENTAL CONTRACTING AND PROFESSIONAL SERVICES LIABILITY COVERAGE
PRODUCTS POLLUTION LIABILITY COVERAGE
PREMISES ENVIRONMENTAL LIABILITY INSURANCE COVERAGE
ENVIRONMENTAL COMBINED LIABILITY POLICY - ALL COVERAGE PARTS

The insurance provided to Additional Insureds shall be excess with respect to any other valid and collectible insurance available to the Additional Insured unless the written contract specifically requires that this insurance apply on a primary and non-contributory basis, in which case this insurance shall be primary and non-contributory.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US-BLANKET

<i>Attached To and Forming Part of Policy</i> 0100209904-2	<i>Effective Date of Endorsement</i> 10/07/2024 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> SKS Demolition LLC
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE**

SECTION IV – CONDITIONS, 8. Transfer of Rights of Recovery against Others to Us is amended by the addition of the following:

We waive any right of recovery we may have against persons or organizations because of payments we make for injury or damage arising out of your workdone under a written contract with that person or organization wherein you have agreed to provide this waiver.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY LIMITATION - AMENDED AGGREGATE PER PROJECT OR LOCATION

Attached To and Forming Part of Policy 0100209904-2	Effective Date of Endorsement 10/07/2024 12:01AM at the Named Insured address shown on the Declarations	Named Insured SKS Demolition LLC
Additional Premium: \$0	Return Premium: \$0	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

SCHEDULE	
General Aggregate applies to EACH LOCATION in the amount of:	
Total ALL LOCATIONS Aggregate Limit:	
General Aggregate applies to EACH PROJECT in the amount of:	\$2,000,000
Total ALL PROJECTS Aggregate Limit:	\$5,000,000

SECTION III – LIMITS OF INSURANCE – 2, is amended by the addition of the following:

- d. The General Aggregate Limit applies separately to each "project" of the Named Insured or to each "location" of the Named Insured as indicated in the Schedule above.

Notwithstanding the application of the General Aggregate Limit to each "project" or each "location" of the Named Insured, under no circumstances will we pay more than the TOTAL ALL LOCATIONS AGGREGATE LIMIT or the TOTAL ALL PROJECTS AGGREGATE LIMIT shown in the Schedule above for all claims arising out of all "locations" or all "projects" as applicable under this policy.

The following are added to the DEFINITIONS section of this policy:

"Project" means all work done by you or on your behalf, away from premises owned or rented to you, to complete an individual bid or negotiated contract to provide services for a specified period of time. Multiple jobs, work orders, purchase orders, change orders or work done at multiple locations under one contract are not separate "projects" within the meaning of this coverage.

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Blanket Additional Insured Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If **you** pay the fee for this Blanket Additional Insured Endorsement, **we** agree with **you** that any person or organization with whom **you** have executed a written agreement prior to any **loss** is added as an additional **insured** with respect to such liability coverage as is afforded by the policy, but this insurance applies to such additional **insured** only as a person or organization liable for **your** operations and then only to the extent of that liability. This endorsement does not apply to acts, omissions, products, work, or operations of the additional **insured**.

Regardless of the provisions of paragraph a. and b. of the "Other Insurance" clause of this policy, if the person or organization with whom **you** have executed a written agreement has other insurance under which it is the first named **insured** and that insurance also applies, then this insurance is primary to and non-contributory with that other insurance when the written contract or agreement between **you** and that person or organization, signed and executed by **you** before the **bodily injury** or **property damage** occurs and in effect during the policy period, requires this insurance to be primary and non-contributory.

In no way does this endorsement waive the "Other Insurance" clause of the policy, nor make this policy primary to third parties hired by the **insured** to perform work for the **insured** or on the **insured's** behalf.

ALL OTHER TERMS, LIMITS, AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

Form 2367 (06/10)M_CL

Blanket Waiver of Subrogation Endorsement

This endorsement modifies insurance provided by the Commercial Auto Policy, Motor Truck Cargo Legal Liability Coverage Endorsement, and/or Commercial General Liability Coverage Endorsement, as appears on the **declarations page**. All terms and conditions of the policy apply unless modified by this endorsement.

If **you** pay the fee for this Blanket Waiver of Subrogation Endorsement, **we** agree to waive any and all subrogation claims against any person or organization with whom a written waiver agreement has been executed by the named insured, as required by written contract, prior to the occurrence of any **loss**.

ALL OTHER TERMS, LIMITS AND PROVISIONS OF THE POLICY REMAIN UNCHANGED.

EXHIBIT D
W-9 AND COUNTY CONTACT INFORMATION

Vendor Tax ID (EIN/SSN): 92-1527918

Vendor Mailing Address:

P. O. Box 1088, Quitman, Texas 75783

Vendor Contact Name / Phone / Email:

Steve Bussell

Bussellsteve@yahool.com

903-571-2716

County Department Contact: Commission Korey Young

*** Contractor shall provide current W-9 to the County Auditor

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. SKS Demolition LLC</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. PO Box 1088</p> <p>6 City, state, and ZIP code Quitman, Texas 75783</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
9	2		-	1	5	2	7	9	1	8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Steve Bussell</i>	Date ▶ November 3, 2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



COUNTY OF RAINS

BRENT D. HILLIARD

COUNTY JUDGE



Resolution #112625IVB9

STATE OF TEXAS

COUNTY OF RAINS

BE IT REMEMBERED, at a regular meeting of the Commissioners Court of Rains County, Texas, held on the 26th day of November, 2025, on motion made by Commissioner of Precinct __ and seconded by Commissioner of Precinct __, the following Resolution was adopted:

WHEREAS, Rains County desires to enter into a contract with SKS Demolition; and

NOW, THEREFORE, BE IT RESOLVED that the Commissioners Court of Rains County, Texas:

Directs and authorizes the County Judge to execute all necessary documents as may be required to act in all matters in connection with this matter.

ENACTED UPON IN OPEN COURT on this the 26th day of November, 2025.

Brent D. Hilliard, County Judge

Jeremy Cook, Precinct 1

Mike Willis, Precinct 2

Korey Young, Precinct 3

Lori Northcutt, Precinct 4