



Contract Number

20-1071 A-3

SAP Number

4400015802

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert, Director
Telephone Number	(909) 580-6150
Contractor	CareFusion Solutions, LLC
Contractor Representative	Julie Meisterlin
Telephone Number	858-322-2768
Contract Term	5 years beginning on the first day of the month following County's acceptance of the system
Original Contract Amount	\$3,201,230
Amendment Amount	\$22,560
Total Contract Amount	\$3,223,790
Cost Center	9177104200

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

This Amendment No. 3 (this "Amendment") dated March 15, 2022 is made by and between CareFusion Solutions, LLC ("CareFusion"), and San Bernardino County on behalf of Arrowhead Regional Medical Center ("Customer") and modifies the terms to Agreement executed between the parties as of October 27, 2020 ("Agreement"), as previously amended on January 13, 2021 and July 13, 2021.

1. Add to the Agreement Customer Order 1000213791, as attached hereto and fully incorporated herein.
2. **Full Force and Effect.** The Agreement, as amended by this Amendment, remains in full force and effect.
3. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement or the Addendum, as applicable.
4. **Counterparts.** This Amendment may be signed in one or more counterparts, each of which shall be deemed an original but all of which taken together shall constitute one and the same instrument. A

facsimile or e-mail transmission of a signed version of this Amendment shall be legal and binding on all parties.

- 5. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

SAN BERNARDINO COUNTY

CAREFUSION SOLUTIONS, LLC

(Print or type name of corporation, company, contractor, etc.)

▶ _____
Curt Hagman, Chairman, Board of Supervisors

By ▶ _____
(Authorized signature - sign in blue ink)

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Name _____
(Print or type name of person signing contract)

Lynna Monell
Clerk of the Board of Supervisors
of the County of San Bernardino

Title _____
(Print or Type)

Dated: _____

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form
▶ _____
Bonnie Uphold, Deputy County Counsel
Date _____

Reviewed for Contract Compliance
▶ _____
Date _____

Reviewed/Approved by Department
▶ _____
William L. Gilbert, Director
Date _____