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**SAP Number** 

## ARROWHEAD REGIONAL MEDICAL CENTER

**Department Contract Representative** Williams L. Gilbert **Telephone Number** (909) 580-6150 Contractor INService ROI, Inc. **Contractor Representative** Ray Martin **Telephone Number** (661) 878-5306 September 1, 2016 through August **Contract Term** 30, 2021 **Original Contract Amount** \$560,000 **Amendment Amount** \$300,000 **Total Contract Amount** \$860,000 **Cost Center** 9187004200

## IT IS HEREBY AGREED AS FOLLOWS:

## **AMENDMENT NO. 2**

Amend Agreement 16-614 in the following manner:

Amending the Agreement with InService ROI, Inc. to increase the contract amount by \$300,000 from \$560,000 to \$860,000.

111 111 111 All other terms and conditions of Agreement No. 16-614 remain unchanged and in force.

InService ROI, Inc.

COUNTY OF SAN BERNARDINO		Inservice ROI, Inc.		
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Curt Hagman, Chairman, Board of Superv	risors		(Authorized signature - sign in blue ink) Ray E. Martin	
Dated		Name	Rou E Wartin	
SIGNED AND CERTIFIED THAT A COPY	OF THIS		(Print or the name of person signing contract)	
DOCUMENT HAS BEEN DELIVERED TO CHAIRMAN OF THE BOARD	) IHE			
CHAIRWAN OF THE BOARD		Title Vic	ce President	
Lynna Moneli Clerk of the Board of Superv Of the County of San Bernal	risors rdino		(Print or Type)	
В		Dated:	6-26-20	
y Deputy		- D 2400	43055 80th St. West	
		Address	Lancaster, CA 93536	
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FOR COUNTY USE ONLY Approved as to Legal Form	Reviewed for Contract Comp	iance	Revision / Approve by Proprinent	
Approved as to Legar / Offi			11.7-/4lla	
► Charles Phan, Deputy County Counsel	<b>•</b>		tele 6/26/2020	
Date June 8, 2020	Date		Date	