

Application to Amend Irrevocable Standby Letter of Credit Number: IS000297111U**To: Bank:** Wells Fargo Bank, National Association**Request Date:** July 1, 2025**WELLS
FARGO***Please type clear information in the boxes below. Applications that are illegible may be returned.*

The Applicant(s) signing below hereby request that Wells Fargo Bank, National Association ("Wells Fargo") issue an amendment to the above referenced Irrevocable Standby Letter of Credit ("Credit") on substantially the terms below. (Check only those sections which require a change.)

Amend Party Name and/or Address to:	
Party Type: <input type="checkbox"/> Applicant/Obligor <input type="checkbox"/> Account Party (Name & Address)	Party Type: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Advising Bank (Name & Address)
Amend Amount: (please check one) <input checked="" type="checkbox"/> Increase Amount <input type="checkbox"/> Decrease Amount Amount to change by (in figures): \$19,650 (in words): Nineteen Thousand Six Hundred Fifty	
Amount to change to (in figures): \$1,069,800 (in words): One Million Sixty Nine Thousand Eight Hundred	
Amend Expiration/Automatic Extension Provision: <input type="checkbox"/> Modify Current Expiration Date to: ____ (MM/DD/YY format) <input type="checkbox"/> Request Pre-Expiration Cancellation <input type="checkbox"/> Add Automatic Extension (Check one box below) <input type="checkbox"/> Annually on the day and month anniversary of the Expiration Date <input type="checkbox"/> Annually on ____ (MM/DD) <input type="checkbox"/> Every ____ calendar days <input type="checkbox"/> Every ____ months With ____ days notification of non-extension and a Final Expiration Date of ____ (MM/DD/YY) <input type="checkbox"/> Modify Automatic Extension Terms (Check one box below) <input type="checkbox"/> Annually on the day and month anniversary of the Expiration Date <input type="checkbox"/> Annually on ____ (MM/DD) <input type="checkbox"/> Every ____ calendar days <input type="checkbox"/> Every ____ months With ____ days notification of non-extension and a Final Expiration Date of ____ (MM/DD/YY) <input type="checkbox"/> Delete Automatic Extension Terms and Send Notice of Non-Extension <input type="checkbox"/> Rescind Non-Extension Notice and (Check one box below) <input type="checkbox"/> Reinstate Automatic Extension Provision <input type="checkbox"/> Do not reinstate Automatic Extension Provision – new expiry to be	
Amend Additional Terms/Requirements: <input type="checkbox"/> Partial drawings <input type="checkbox"/> Prohibited <input type="checkbox"/> Permissible <input type="checkbox"/> Multiple drawings <input type="checkbox"/> Prohibited <input type="checkbox"/> Permissible <input type="checkbox"/> Transferability <input type="checkbox"/> Delete <input type="checkbox"/> Add Transfer charges for account of <input type="checkbox"/> Applicant <input type="checkbox"/> Beneficiary	
Amend Standby Language: Amend Paragraph Number ____ to read <input type="checkbox"/> as per attached or <input type="checkbox"/> as follows:	
Applicant's Agreement and Signature: We understand this amendment is subject to acceptance by the beneficiary and any confirming bank, and this request to issue an amendment to the Credit cannot be withdrawn without Wells Fargo's consent. All other terms and conditions of the Letter of Credit remain unchanged. Wells Fargo may, in its sole discretion, accept a photocopy, facsimile, electronically transmitted, or other reproduction of a signed copy of this Application to Amend (including a PDF version received via email) or an electronically executed copy of this Application to Amend (including via SWIFT or DocuSign) as the binding and effective record of this Application to Amend, in each case with the same effect as an original manually signed Application to Amend, whether or not an original manually signed Application to Amend is also received by Wells Fargo from Applicant. Applicant represents to Wells Fargo that the signature (whether a photocopy, facsimile, electronically transmitted copy or reproduction of an ink signature or an electronic signature) that appears on the Application to Amend that is transmitted by Applicant to Wells Fargo in any manner is intended by Applicant to authenticate the Application to Amend and evidence Applicant's agreement with its terms notwithstanding that such signature may not be an original manual signature. Applicant further agrees that any such Application to Amend received by Wells Fargo shall constitute an original document for all purposes, including establishing the provisions of the Application to Amend, shall be binding on and enforceable against Applicant, and shall be legally admissible under the best evidence rule.	Wells Fargo Bank Approving Officer Agreement and Signature: Applicant's signature on this Application is verified. Issuance of amendment has been approved in accordance with the credit policies and procedures of Wells Fargo Bank.

Print or Type Name of Applicant/Obligor (as shown on the standby L/C application or as amended): San Bernardino County Waste System Division		Approving Officer's Office: Government Banking		
Authorized Signature (and Title, if applicable): Dawn Rowe, Chair		Approving Officer's Name: Madaline Ann Love		
Authorized Signature (and Title, if applicable): <i>Dawn Rowe</i>		Approving Officer's Signature: <i>Madaline Ann Love</i>		Date: 5/20/25
Date: MAY 06 2025	Phone Number: (909) 387-4855	MAC: E2064-062	AU: 18624	Phone Number: (213) 253-7266
Special Instructions: Request is to issue a Letter of Credit Amendment to increase by US Dollars in the amount of \$19,650.00 (New Amount Total of \$1,069,800.00), effective 07/01/2025. Thank you.				

SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD.
LYNNIA MONELL
Clerk of the Board of Supervisors
of San Bernardino County
By *[Signature]*
Deputy

