



**Contract Number**

24-934-A1

**SAP Number**

4400026204

**Arrowhead Regional Medical Center**

**Department Contract Representative** Andrew Goldfrach  
**Telephone Number** (909) 580-6150

**Contractor** Endologix, LLC  
**Contractor Representative** Steve Malfatto  
**Telephone Number** (949) 280-3669  
**Contract Term** September 24, 2024 through May 31, 2028

**Original Contract Amount** \$480,000  
**Amendment Amount** \$480,000  
**Total Contract Amount** \$960,000  
**Cost Center** 7631  
**Grant Number (if applicable)** N/A

**AMENDMENT NO. 1**

This Amendment No. 1 (Amendment), effective as of the date fully executed, is made by and between Endologix, LLC (“Company”) and San Bernardino County on behalf of Arrowhead Regional Medical Center (“Buyer”) and modifies the terms of the Sales Pricing Agreement between the parties with an effective date of September 24, 2024 (“Agreement”) as follows:

- Term.** The term of the Agreement is extended through May 31, 2028.
- Contract Amount.** Total payments under the Agreement shall not exceed \$960,000 without a further amendment to the Agreement approved by the San Bernardino County Board of Supervisors. It shall be Buyer’s responsibility to monitor its purchases under the Agreement.
- Full Force and Effect.** All other terms and conditions of the Agreement remain in full force and effect.
- Counterparts.** This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. 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.

**IN WITNESS WHEREOF**, Buyer and Company have each caused this Amendment to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY on behalf of Arrowhead  
Regional Medical Center

ENDOLOGIX LLC

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

►  
\_\_\_\_\_  
Dawn Rowe, Chair, 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  
San Bernardino County

Title \_\_\_\_\_  
*(Print or Type)*

By \_\_\_\_\_  
Deputy

Dated: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Reviewed for Contract Compliance

Reviewed/Approved by Department

►  
Charles Phan, Supervising Deputy County  
Counsel

►  
\_\_\_\_\_

►  
Andrew Goldfrach, ARMC Chief Executive Officer

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_