Application to Amend Irrevocable Standby Letter of Credit Number: ACTREF10129995

To: Bank: Wells Fargo Bank, National Association **Request Date:** July 1, 2024

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: ☐ Applicant/Obligor ☐ Account Party *(Name & Address)*	**Party Type:** ☐ Beneficiary ☐ Advising Bank *(Name & Address)*

Amend Amount: *(please check one)* ☐ Increase Amount ☒ Decrease Amount

Amount to change by *(in figures):* $442,800 *(in words):* Four Hundred Forty Two Thousand Eight Hundred

Amount to change to *(in figures):* $1,050,150 *(in words):* One Million Fifty Thousand One Hundred Fifty

Amend Expiration/Automatic Extension Provision:

☐ **Modify Current Expiration Date to:** _____ ***(MM/DD/YY format)***

☐ **Request Pre-Expiration Cancellation**

☐ **Add Automatic Extension** ***(Check one box below)***

☐ Annually on the day and month anniversary of the Expiration Date ☐ Annually on _____***(MM/DD)***

☐ Every _____ calendar days ☐ Every _____ months

With _____ days notification of non-extension and a Final Expiration Date of _____ (***MM/DD/YY)***

☐ **Modify Automatic Extension Terms** ***(Check one box below)***

☐ Annually on the day and month anniversary of the Expiration Date ☐ Annually on _____ ***(MM/DD)***

☐ Every _____ calendar days ☐ Every _____ months

With _____ days notification of non-extension and a Final Expiration Date of _____ (***MM/DD/YY)***

☐ **Delete Automatic Extension Terms and Send Notice of Non-Extension**

☐ **Rescind Non-Extension Notice and** ***(Check one box below)***

☐ Reinstate Automatic Extension Provision ☐ Do not reinstate Automatic Extension Provision – new expiry to be

Amend Additional Terms/Requirements:

☐ **Partial drawings** ☐ Prohibited ☐ Permissible ☐ **Multiple drawings** ☐ Prohibited ☐ Permissible

☐ **Transferability** ☐ Delete ☐ Add **Transfer charges for account of** ☐ Applicant ☐ Beneficiary

Amend Standby Language:

Amend Paragraph Number _____ to read ☐ as per attached or ☐ as follows:

Applicant's Agreement and Signature:	**Wells Fargo Bank Approving Officer 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.	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.

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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):		**Approving Officer's Signature:**		**Date:**
Date:	**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 decrease by US Dollars in the amount of $442,800 (New Amount Total of $1,050,150.00), effective 07/01/2024. Thank you.				

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