



**Contract Number**

18-844 A-2

**SAP Number**

**Arrowhead Regional Medical Center**

<b>Department Contract Representative</b>	<u>William L. Gilbert</u>
<b>Telephone Number</b>	<u>(909) 580-6150</u>
<b>Contractor</b>	<u>Translogic Corporation, DBA</u> <u>Swisslog Healthcare Solutions</u>
<b>Contractor Representative</b>	<u>Lynne Quint</u>
<b>Telephone Number</b>	<u>(303) 576-8819</u>
<b>Contract Term</b>	<u>December 15, 2018 through</u> <u>December 14, 2024</u>
<b>Original Contract Amount</b>	<u>\$38,852</u>
<b>Amendment Amount</b>	<u>\$</u>
<b>Total Contract Amount</b>	<u>\$</u>
<b>Cost Center</b>	<u>8483</u>

**IT IS HEREBY AGREED AS FOLLOWS:**

**AMENDMENT NO. 2**

This Amendment No. 2 (this "Amendment") dated October 26, 2021 is made by and between Translogic Corporation, dba Swisslog Healthcare (Contractor), and San Bernardino County ("County") and modifies the terms to agreement executed between the parties and effective as of December 15, 2018 ("Agreement").

1. Delete Section 3, Term, of the Agreement, in its entirety, and replace with the following:
  3. **Term.** This Agreement for System(s), Subscription(s), and/or Service(s) is effective as of December 15, 2018 and expires December 14, 2024 unless sooner terminated pursuant to this Agreement ("Term").
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.
4. **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 Agreement. 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

TRANSLOGIC CORPORATION dba SWISSLOG  
HEALTHCARE

*(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  
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
▶ _____ Bonnie Uphold, Deputy County Counsel	▶ _____	▶ _____
Date _____	Date _____	Date _____