



Contract Number

23-803 A-1

SAP Number

4400022726

Arrowhead Regional Medical Center

Department Contract Representative William L. Gilbert
Telephone Number (909) 580-6150

Contractor Leasing Associates of Barrington, Inc.
Contractor Representative Debbie Coates
Telephone Number (847) 428-8550
Contract Term December 1, 2023 – Nov. 30, 2028

Original Contract Amount \$1,593,900
Amendment Amount \$ 37,740
Total Contract Amount \$1,631,640
Cost Center _____

AMENDMENT NO. 1

WHEREAS, Leasing Associates of Barrington, Inc. (“Lessor”) and San Bernardino County on behalf of Arrowhead Regional Medical Center (“Lessee”) entered into a Lease Agreement (“Lease”) with an Execution Date of July 25, 2023; and

WHEREAS, the parties desire to amend the Monthly Rental Amount and increase the Total Contract Amount in the Lease; and

NOW THEREFORE, effective as of the date this Amendment is fully executed, the parties hereby amend the Agreement as follows:

1. TERMS on first page of the Lease is deleted in its entirety and replaced with the following:

<u>Lease Type</u>	<u>Initial Term</u>	<u>Monthly Rental Amount</u>
Operating Lease	60 months	\$27,194.00

2. COMMENCEMENT is deleted in its entirety and replaced with the following:

The Initial Term and Lessee’s rental obligation begin on the date the Equipment is installed by the vendor and accepted by Lessee (“Commencement Date”). Both parties agree the Commencement Date is December 1, 2023.

3. **Full Force and Effect.** All other terms and conditions of the Lease remain in full force and effect.
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 ON BEHALF OF
ARROWHEAD REGIONAL MEDICAL CENTER

►

Dawn Rowe, Chair, Board of Supervisors

Dated: _____
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

LEASING ASSOCIATES OF BARRINGTON, INC.

By _____
(Authorized signature - sign in blue ink)

Name Will McCoy
(Print or type name of person signing contract)

Title President & CEO
(Print or Type)

Dated: April 24, 2024

Address 220 N River St., East Dundee, IL 60118

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
► Bonnie Uphold, Supervising Deputy County Counsel	►	► William L. Gilbert, Director
Date _____	Date _____	Date _____