



Contract Number

SAP Number
4400011060

Arrowhead Regional Medical Center

Department Contract Representative	William L. Gilbert
Telephone Number	909-580-6150
Contractor	iSchemaView, Inc.
Contractor Representative	Brooke Peterson
Telephone Number	503-504-0823
Contract Term	January 8, 2019 through January 7, 2027
Original Contract Amount	\$149,500
Amendment Amount	\$237,500
Total Contract Amount	\$387,000
Cost Center	7680

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

This Amendment No. 1 ("**Amendment**") is effective the 16th of November 2021 (the "**Effective Date**") is made by and between **iSchemaView, Inc.**, a Delaware corporation, with offices located at 405 El Camino Real Suite 601, Menlo Park, California 94025 ("**ISV**"), and San Bernardino County a political subdivision of the State of California operating a hospital or surgery center, on behalf of Arrowhead Regional Medical Center, with a facility at 400 North Pepper Avenue, Colton, California 92324 ("**Customer**") and modifies the Rapid Subscription Agreement executed between the parties and having an Effective Date of January 8, 2019 ("**Agreement**").

1. Delete Section 1.1(dd) in its entirety and replace with the following:

"**Term**" means the Initial Term, the Renewal Term and Additional Renewal Term, if any.

2. Delete Section 2.2, Renewal Term in its entirety, and replace with the following:

2.2 Renewal Term

Unless sooner terminated under ARTICLE 17 [TERMINATION], at the end of the Initial Term, this Agreement shall renew for a period of five (5) years (the "**Renewal Term**").

2.3 Additional Renewal Term

At least ninety (90) days prior to the end of the Renewal Term or Additional Renewal Term, as applicable, ISV shall give Customer ninety (90) days written notice that the Renewal Term or

Additional Renewal Term, as applicable, is about to expire. Unless Customer gives ISV written notice at least sixty (60) days prior to the end of the then-current term, this Agreement shall renew for up to five (5) successive annual periods (each an “**Additional Renewal Term**”).

3. Quote **iSV181130 ArrowheadRMC CTP.CTA** shall continue in effect for the remainder of the Initial Term. The attached **Quote iSV210913 ArrowheadRMC CTP.CTA Renewal** shall apply for the Renewal Term and, if any, the Additional Renewal Terms.
4. **Full Force and Effect.** Except as modified by this Amendment, the Agreement remains in full force and effect.
5. **Capitalized Terms.** Any capitalized term used but not defined in this Amendment shall have the meaning given to it in the Agreement.
6. **Counterparts.** This Amendment may be executed in any number of counterparts, each of which is an original, and which together constitute the same agreement. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party shall promptly execute and deliver to the other party an original signed copy of this Amendment upon request.

SAN BERNARDINO COUNTY

►

Curt Hagman, Chairman, 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

ISCHEMAVIEW, INC.

By ► _____
(Authorized signature - sign in blue ink)

Name Jack McGovern

(Print or type name of person signing contract)

Title Chief Operating Officer

(Print or Type)

FOR COUNTY USE ONLY

Approved as to Legal Form

► _____
Bonnie Uphold, Deputy County Counsel

Date _____

Reviewed for Contract Compliance

► _____

Date _____

Reviewed/Approved by Department

► _____

Date _____



Menlo Park, California 94025 United States

iSchemaView
405 El Camino Real No. 601

sales@rapidai.com **Quote** 650 388 9767 www.rapidai.com

iSchemaView Information

Quote Number	00003965	Sales Manager	Kristin Shigo
Quote Name	iSV210913_ArrowheadRMC_CTP.CTA_Renewal_	Email	shigo@ischemaview.com
Date Issued	9/13/2021		
Expiration Date	12/31/2021		

Customer Information

Account Name	San Bernardino County on behalf of Arrowhead Regional Medical Center	Contact Name	Shannon Cundieffs
		Title	CT Tech, Imaging Supervisor
Physical Address	400 N. Pepper Ave. Colton, California 92324 United States	Phone	909-580-1520
		Email	cundieffs@armc.sbcounty.gov

Product	Fee	Years	Total Fee
Perfusion/CTA (LVO) - Unlimited Scanners - RAPID™ Software	USD 47,500.00	5.00	USD 237,500.00
Total Fees			USD 237,500.00

Billing and Payments

Initial Term (Years) 5	Payment Terms	Net 60
Initial Term (Months) 60	Renewal Term	See Notes
Payment Structure	Annual Payment	
Year 1	USD 47,500.00	Year 4 USD 47,500
Year 2	USD 47,500.00	Year 5 USD 47,500
Year 3	USD 47,500.00	

Notes

Commercial