

| Contract Number |
|-----------------|
| 153859 A-3 |
| SAP Number |

Purchasing Department

Department Contract Representative Michael Candelaria 909-387-0321 **Telephone Number** Contractor Canon Solutions America Tim Cooper **Contractor Representative** 909-390-7454 **Telephone Number** July 1, 2015 – June 30, 2021 **Contract Term Original Contract Amount Amendment Amount Total Contract Amount Cost Center**

IT IS HEREBY AGREED AS FOLLOWS:

Amend first paragraph of Section C to read as follows:

This Contract is effective as of July 1, 2015 and expires June 30, 2021 but may be terminated earlier in accordance with provisions of this Contract.

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, the County of San Bernardino and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

| COUNTY OF SAN BERNARDINO | Canon Solutions Am | Canon Solutions America | |
|--------------------------------------|---|-------------------------|--|
| | (Print or type name of corporation, compar | ny, contractor, etc.) | |
| <u> </u> | By ▶ | | |
| Laurie Rozko, Director of Purchasing | (Authorized signature - sign ii | n blue ink) | |
| Dated: | Name | | |
| | (Print or type name of person s | igning contract) | |
| | Title | | |
| | (Print or Type) | | |
| | Dated: | | |
| | Address | | |
| | | | |
| | | | |
| FOR COUNTY USE ONLY | | | |
| Approved as to Legal Form | eviewed for Contract Compliance Reviewed/Approv | red by Department | |
| > | ▶ | | |
| , County Counsel | | | |
| Date | ate Date | | |