THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY



Contract Number

18-844 A-2

SAP Number

Arrowhead Regional Medical Center

Department Contract Representative William L. Gilbert **Telephone Number** (909) 580-6150 Contractor Translogic Corporation, DBA Swisslog Healthcare Solutions **Contractor Representative** Lynne Quint Telephone Number (303) 576-8819 **Contract Term** December 15, 2018 through December 14, 2024 **Original Contract Amount** \$38.852 **Amendment Amount** \$ **Total Contract Amount** \$ **Cost Center** 8483

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

Standard Contract Page 1 of 2

(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			HEALTHCARE ype name of corporation, company, contractor, etc.)
Curt Hagman, Chairman, Board of Super	rvisors	у 🟲	Jennie McQuade (Authorized signature - sign in blue ink)
Dated: OCI 2 2021	N	ame _	Jennie McQuade (Print or type name of person signing contract)
SIGNED AND CERTIFIED THAT A COP DOCUMENT HAS BEEN DELIVERED T CHAIRMAN OF THE BOARD	O THE	itle	Secretary
SAN BEI Clerk of the Board of Bas Barhardho Cod	Supervisors	itie	(Print or Type)
By Deptity	D	ated:	10/5/2021
ANARDINO COUNTER	A	ddress	11325 Main Street Broomfield, CO 80020
FOR COUNTY USE ONLY			C 1. Q
Approved as to Legal Form	Reviewed for Contract Compliance	•	Reviewed Approved by behartment
Bonnie Up fild, Deputy County Counsel	Date		Date 10/15/21