

AMENDMENT #2

Original Agreement	BOS-24-061
Amendment 1	MH-24-024

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-24-061**

This second Amendment to Agreement No. BOS-24-061 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **RESTPADD, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-24-061 was entered into on July 1, 2024 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. BOS-24-061 was entered into on July 23, 2024 (the "First Amendment") updating the Exhibit B, Payment Terms; and

WHEREAS, the Initial Agreement and First Amendment are referred to as the Agreement; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this second Amendment will become part of the Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$347,000 from \$1,000,000 to \$1,347,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$347,000 from \$1,000,000 to \$1,347,000.

All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]  
Jenine Miller, Psy.D.  
Director of Health Services

Date: 3/4/25

Budgeted: No  
Budget Unit: 4050  
Line Item: 86-3160  
Org/Object Code: MH  
Grant: No  
Grant No.: N/A

COUNTY OF MENDOCINO

By: [Signature]  
JOHN HASCHAK, Chair  
BOARD OF SUPERVISORS

Date: 04/08/2025

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 04/08/2025

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: [Signature]  
Deputy 04/08/2025

INSURANCE REVIEW:

By: [Signature]  
Risk Management

Date: 02/24/2025

CONTRACTOR/COMPANY NAME

By: [Signature]  
Niki Clay, Business Office Manager  
Kirk Edgar Executive Director  
Date: 3/5/25

NAME AND ADDRESS OF CONTRACTOR:

Restpadd, Inc.  
2750 Eureka Way  
Redding, CA 96001  
(530) 727-7645  
nclay@restpaddhealth.com

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: [Signature]  
COUNTY COUNSEL

Date: 02/24/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]  
Deputy CEO or Designee

Date: 02/24/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors  
Exception to Bid Process Required/Completed ☐ N/A  
Mendocino County Business License: Valid ☐  
Exempt Pursuant to MCC Section: Located outside Mendocino County