

AMENDMENT #3

Original Agreement	BOS-24-061
Amendment 1	MH-24-024
Amendment 2	BOS-24-061-A1

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

This third 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, Second Amendment to Agreement No. BOS-24-061 was entered into on April 8, 2025 (the "Second Amendment") increasing the total amount from \$1,000,000 to \$1,347,000; and

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

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this third 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 \$153,000 from \$1,347,000 to \$1,500,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$153,000 from \$1,347,000 to \$1,500,000.

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: 6/4/25

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: 06/24/2025

ATTEST:
DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 06/24/2025

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 06/24/2025

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 06/03/2025

CONTRACTOR/COMPANY NAME

By: [Signature]
Kirt Edgar, Executive Director

Date: 6/3/25

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: 06/03/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 06/03/2025

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB# 25-158
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: Located outside Mendocino County