

Original Agreement No.	PA 24-29
Amendment 1	BOS 24-210

**SECOND AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. PA#24-29**

This second Amendment to Agreement No. PA#24-29 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **Integrity Shred LLC**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PA#24-29 was entered into on Oct 19, 2023 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. PA#24-29 was entered into on December 17, 2024 (the "First Amendment") increasing the total amount by \$40,000 for a new total of \$80,000; 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 extend the termination date from June 30, 2025 to June 30, 2026; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$40,000 from \$80,000 to \$120,000.

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the Agreement is hereby extended from June 30, 2025, to June 30, 2026.
2. The total contracted amount set out in the Agreement is hereby increased by \$40,000 from \$80,000 to \$120,000.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Darcie Antle
DEPARTMENT HEAD

Date: 06/17/2025

Budgeted: ☒ Yes ☐ No

Budget Unit: N/A

Line Item: JE's from each department

Grant: ☐ Yes ☒ No

Grant No. : N/A

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: _____

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

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: _____
Deputy

INSURANCE REVIEW:

By: Darcie Antle
Risk Management

Date: 06/17/2025

CONTRACTOR/COMPANY NAME

By: [Signature]
SIGNATURE

Date: 6-18-25

NAME AND ADDRESS OF CONTRACTOR:

Integrity Shred LLC

3721 Santa Rosa Ave, Suite B5

Santa Rosa, CA 95407

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: 06/17/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 06/17/2025

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