

BOS AGREEMENT NO. _____

AMENDMENT **01**

Original Agreement No.	24-032
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. 24-032**

This Amendment to Agreement No. 24-032 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **TJKM**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. 24-032 was entered into on February 27, 2024 (the "Initial Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this 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 December 31, 2025;

NOW, THEREFORE, we agree as follows:

1. The termination date set out in the Agreement is hereby extended from 06/30/2025 to 12/31/2025.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: Julia Krog
DEPARTMENT HEAD

Date: 7/11/2025

Budgeted: ☒ Yes ☐ No

Budget Unit: PB (2851)

Line Item: 862189

Org/Object Code: PB-862189 PBLCP

Grant: ☒ Yes ☐ No

Grant No. : LCP-22-06

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: 07/09/2025

CONTRACTOR/COMPANY NAME

By: ND-Min
SIGNATURE

Date: 07/10/2025

NAME AND ADDRESS OF CONTRACTOR:

TJKM

4305 Hacienda Dr. Ste. 550

Pleasanton, CA 94588

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: Man/Kia
COUNTY COUNSEL

Date: 07/09/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 07/09/2025

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: