

AGREEMENT NO. \_\_\_\_\_

AMENDMENT #2

Original Agreement	BOS-25-035
Amendment 1	BOS-25-035-A1

**SECOND AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-25-035**

This second Amendment to Agreement No. BOS-25-035 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 HEALTH CORP**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-25-035 was entered into on July 1, 2025 (the "Initial Agreement"); and

WHEREAS first Amendment to Agreement No. BOS-25-035 was entered into on January 6, 2026 (the "First Amendment") increasing the total amount to \$1,000,000; 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 increase the total amount payable by \$350,000 from \$1,000,000 to \$1,350,000.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$350,000 from \$1,000,000 to \$1,350,000.

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

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

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

Date: 3/25/26

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

**COUNTY OF MENDOCINO**

By: \_\_\_\_\_  
BERNIE NORVELL, Chair  
BOARD OF SUPERVISORS

Date: \_\_\_\_\_

**ATTEST:**

DARCIE ANTLE, Clerk of said Board

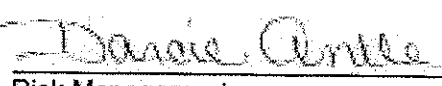
By: \_\_\_\_\_  
Deputy

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:   
Risk Management

Date: 03/02/2026

**CONTRACTOR/COMPANY NAME**

By:   
Bill Hunt, RN, BSN

Date: 3/24/2026

**NAME AND ADDRESS OF CONTRACTOR:**

Restpadd Health Corp  
925 Walnut Street  
Red Bluff, CA 96080  
(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:   
COUNTY COUNSEL

Date: 03/02/2026

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 03/02/2026

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors.  
Exception to Bid Process Required/Completed  EB# 24-101  
Mendocino County Business License: Valid   
Exempt Pursuant to MCC Section: Located outside of Mendocino County