

AGREEMENT NO. _____

AMENDMENT 1

Original Agreement No.	BOS-23-144
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**FIRST AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-23-144**

This first Amendment to Agreement No. BOS-23-144 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **MOTOROLA SOLUTIONS, INC. ("Motorola")**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-23-144 was entered into on August 29, 2023 (the "Initial Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this first 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 set out in the original Agreement No BOS-23-144 from June 30, 2025, to June 30, 2026.

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.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

CONTRACTOR/COMPANY NAME

By: [Signature] **11/19/2025**
DEPARTMENT HEAD Date

By: [Signature]
SIGNATURE

By: Darcie Antle
DEPARTMENT HEAD Date

Date: Dec 01, 2025

11/19/2025 NAME AND ADDRESS OF CONTRACTOR:

Budgeted: ☒ Yes ☐ No

Budget Unit: 1710-Project CI998

Line Item: 864360

Org/Object Code: CI/864360

Grant: ☒ Yes ☐ No

Grant No.: 17MIT-RIP-1705-00009

Motorola Solutions, Inc.
1303 E. Algonquin Rd.
Schaumburg, IL 60196

COUNTY OF MENDOCINO

By: _____
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: _____

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

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

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

By: [Signature]
COUNTY COUNSEL

Date: **11/19/2025**

DARCIE ANTLE, Clerk of said Board

By: _____
Deputy

INSURANCE REVIEW:

EXECUTIVE OFFICE/FISCAL REVIEW:

By: Darcie Antle
Risk Management
Date: **11/19/2025**

By: [Signature]
Deputy CEO or Designee
Date: **11/19/2025**

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: _____