

AGREEMENT NO. _____

Amendment #1

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|------------------------|------------|
| Original Agreement No. | BOS-25-102 |
|------------------------|------------|

**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-25-102**

This Amendment to Agreement No. BOS-25-102 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **Angela Rose Fisher-Weaver**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-25-102 was entered into on July 1, 2025 (the "Initial Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this document will become part of the Initial Agreement and shall be incorporated therein; and

WHEREAS, it is the desire of COUNTY and CONTRACTOR to increase the total amount payable by \$1,600 from \$65,000 to \$66,600.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$1,600 from \$65,000 to \$66,600.

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

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jerine Miller, Psy.D.,
Director of Health Services

Date: 2/24/26

Budgeted: Yes
Budget Unit: 4035
Line Item: 86-2189
Org/Object Code: HSNADM-HSJH
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: [Signature]
Risk Management

Date: 02/23/2026

CONTRACTOR/COMPANY NAME

By: [Signature]
Angela Rose Fisher-Weaver, PA-C

Date: 2/23/26

NAME AND ADDRESS OF CONTRACTOR:

Angela Rose Fisher-Weaver
36741 Hopewell Road
Squaw Valley, CA 93675
559-903-0801
angela-fisherweaver@gmail.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: 02/23/2026

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 02/23/2026

Signatory Authority: \$0-25,000 Department; \$25,001-\$75,000 Purchasing Agent; \$75,001+ Board of Supervisors
Exception to Bid Process Required/Completed EB# 25-56
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Located outside of Mendocino County