

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

Amendment #1

Original Agreement No.	BOS-25-092
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**AMENDMENT TO COUNTY OF MENDOCINO  
AGREEMENT NO. BOS-25-092**

This Amendment to Agreement No. BOS-25-092 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **LIFE GENERATIONS HEALTHCARE LLC**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. BOS-25-092 was entered into on July 1, 2025 (the "Initial Agreement"); and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this Amendment 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 \$140,000 from \$250,000 to \$390,000.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$140,000 from \$250,000 to \$390,000.

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

**IN WITNESS WHEREOF**

**DEPARTMENT FISCAL REVIEW:**

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

Date: 6/2/26

Budgeted: Yes  
Budget Unit: 4050  
Line Item: 86-3162  
Org/Object Code: MHMS75  
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: 04/21/2026

**CONTRACTOR/COMPANY NAME**

By:   
Lois Mastrocola, CFO

Date: 5-19-2026

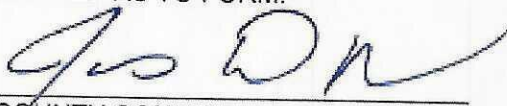
**NAME AND ADDRESS OF CONTRACTOR:**

Life Generations Healthcare LLC  
6 Hutton Centre Drive, Suite 400  
Santa Ana, CA 92707  
714-501-2335  
wendyhaining@lifegen.net

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: 04/21/2026

**EXECUTIVE OFFICE/FISCAL REVIEW:**

By:   
Deputy CEO or Designee

Date: 04/21/2026

**Signatory Authority:** \$0-25,000 Department; \$25,001-\$75,000 Purchasing Agent; \$75,001+ Board of Supervisors