

AGREEMENT NO. _____

AMENDMENT #3

Original Agreement	PA-26-19 MH-25-013
Amendment 1 No.	BOS-25-167
Amendment 2 No.	BOS-25-167-A1

**THIRD AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. PA-26-19, MH-25-013**

This third Amendment to Agreement No. PA-26-19, MH-25-013 is entered into by and between the **COUNTY OF MENDOCINO**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **STAR VIEW BEHAVIORAL HEALTH, INC.**, hereinafter referred to as "CONTRACTOR," the date this Amendment is fully executed by all parties.

WHEREAS, Agreement No. PA-26-19, MH-25-013 was entered into on July 1, 2025 (the "Initial Agreement"); and

WHEREAS, First Amendment to Agreement No. PA-26-19, MH-25-013 was entered into on October 7, 2025 (the "First Amendment") increasing the total amount to \$404,000 and revising Exhibit A and Exhibit B; and

WHEREAS, Second Amendment to Agreement No. PA-26-19, MH-25-013 was entered into on June 2, 2026 (the "Second Amendment") increasing the total amount to \$604,000; and

WHEREAS, the Initial Agreement, First Amendment, and Second Amendment are referred to as the Agreement; and

WHEREAS, upon execution of this document by COUNTY and CONTRACTOR, this third 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 \$60,000 from \$604,000 to \$664,000.


NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Agreement is hereby increased by \$60,000 from \$604,000 to \$664,000.

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: 6/18/26

Budgeted: Yes
Budget Unit: 4050
Line Item: 86-3280
Org/Object Code: MH
Grant: No
Grant No.: N/A

CONTRACTOR/COMPANY NAME

By: Olivia Aranda VP & CFO
On behalf of Kent Dunlap,
President and Chief Executive Officer

Date: 6/17/26

NAME AND ADDRESS OF CONTRACTOR:

Star View Behavioral Health, Inc.
1501 Hughes Way, Suite 150
Long Beach, CA 90810

COUNTY OF MENDOCINO

By: _____
BERNIE NORVELL, 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

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

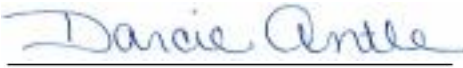
COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

By: 
COUNTY COUNSEL

Date: 06/17/2026

INSURANCE REVIEW:

By: 
Risk Management

Date: 06/17/2026

EXECUTIVE OFFICE/FISCAL REVIEW:

By: 
Deputy CEO or Designee

Date: 06/17/2026

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