

AMENDMENT #1

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| Original Agreement | BOS-25-035 |
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**AMENDMENT TO COUNTY OF MENDOCINO
AGREEMENT NO. BOS-25-035**

This 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, 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 \$300,000 from \$700,000 to \$1,000,000.

NOW, THEREFORE, we agree as follows:

1. The total contracted amount set out in the Initial Agreement is hereby increased by \$300,000 from \$700,000 to \$1,000,000.

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: 12/2/15

Budgeted: No

Budget Unit: 4050

Line Item: 86-3160

Org/Object Code: MH

Grant: No

Grant No.: 'N/A'

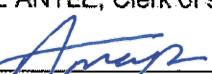
COUNTY OF MENDOCINO

By:  Bernie Norvell
JOHN HASCHAK, Chair
BOARD OF SUPERVISORS

Date: 01/06/2026

ATTEST:

DARCIE ANTLE, Clerk of said Board

By:  Deputy 01/06/2026

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 01/06/2026

INSURANCE REVIEW:

By:  Risk Management

Date: 12/02/2025

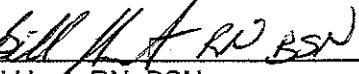
Signatory Authority: \$0-25,000 Department; \$25,001-50,000 Purchasing Agent; \$50,001+ Board of Supervisors

Exception to Bid Process Required/Completed EB# 24-101

Mendocino County Business License: Valid

Exempt Pursuant to MCC Section: Located outside Mendocino County

CONTRACTOR/COMPANY NAME

By: 

Bill Hunt, RN, BSN

Date: 12/2/25

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

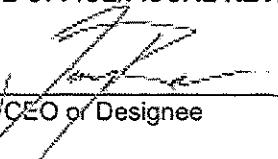
COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM: 

By:  COUNTY COUNSEL

Date: 12/02/2025

EXECUTIVE OFFICE/FISCAL REVIEW:

By:  Deputy/CEO or Designee

Date: 12/02/2025