



AGREEMENT NUMBER <b>09B-5508</b>	AMENDMENT NUMBER <b>2</b>
REGISTRATION NUMBER	

- This Agreement is entered into between the State Agency and the Contractor named below  
 STATE AGENCY'S NAME  
**Department of Community Services and Development**  
 CONTRACTOR'S NAME  
**El Dorado County Department of Human Services**
- The term of this Agreement is : January 1, 2009 through September 30, 2010
- The maximum amount of this Agreement is: \$ 1,527,054.00
- The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- The maximum amount of this Agreement payable to Contractor by the State remains unchanged at \$1,527,054.00.
- The term of this Agreement is changed from January 1, 2009 through June 30, 2010 to January 1, 2009 through September 30, 2010.

All other terms and conditions remain unchanged.

**IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.**

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME <i>(If other than an individual, state whether a corporation, partnership, etc.)</i> <b>El Dorado County Department of Human Services</b>		I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services' approval.
BY <i>(Authorized Signature)</i> 	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 3057 Briw Rd #A, Placerville, CA 95667		
STATE OF CALIFORNIA		
AGENCY NAME <b>Department of Community Services and Development</b>		
BY <i>(Authorized Signature)</i> 	DATE SIGNED <i>(Do not type)</i>	10-0794.C.1 <input type="checkbox"/> Exempt per _____
PRINTED NAME AND TITLE OF PERSON SIGNING <b>Leisa Maestretti, Chief Financial Officer</b>		
ADDRESS 2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833		