

AGREEMENT NUMBER 09C-1758	AMENDMENT NUMBER 3
REGISTRATION NUMBER ep 1085488.3	

1. 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
2. The term of this Agreement is : **June 30, 2010 through June 30, 2012**
3. The maximum amount of this Agreement is: **\$ 153,351.00**
4. 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:
 1. The total consideration payable to Contractor by the State remains unchanged at \$153,351.00.
 2. The term of this Agreement has changed from June 30, 2010 through June 30, 2011 to June 30, 2010 through June 30, 2012.

All other terms and conditions shall 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> El Dorado County Department of Human Services		<p>I hereby certify that all conditions for exemption have been complied with, and this document is exempt from the Department of General Services approval.</p> <p><input type="checkbox"/> Exempt per _____</p>
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 Department of Community Services and Development		
BY <i>(Authorized Signature)</i> ☞	DATE SIGNED <i>(Do not type)</i>	
PRINTED NAME AND TITLE OF PERSON SIGNING Leisa Maestretti, Chief Financial Officer		
ADDRESS 2389 Gateway Oaks Drive, Suite 100, Sacramento, California 95833		