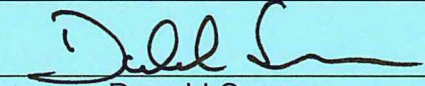


CONTRACT ROUTING SHEET

Date Prepared: 8/28/15

Need Date: ASAP - Need to pay invoice

PROCESSING DEPARTMENT:

Department: Child Support Services
Dept. Contact: Ginger Harms
Phone #: 7238
Department
Head Signature: 
Donald Semon

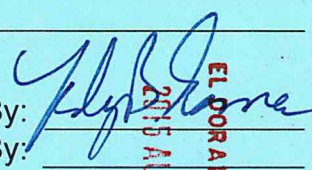
CONTRACTOR:

Name: Columbia Ultimate, Inc.
Address: 4400 Ne 77th Ave, Suite 100
Vancouver, WA 98662
Phone: 800-488-4420

CONTRACTING DEPARTMENT: Child Support Services, Revenue Recovery Division

Service Requested: Approval of contract amendment to correct business name
Contract Term: Perpetual Contract Value: Annual
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 9/16/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2015 AUG 31 AM 11:53

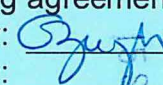
The purpose of the Amendment is to correct the business name to coincide with payee data records.

9/15 - pc to Ginger Harms re evidence of contractor's qualification/ability to do business in California not shown per secretary of State search. Reviewed prior approvals of contract and first amendment.

9/16 - correspondence w/ Ginger Harms re. status of Form 587 on file w/ Auditor. Amendment II approved subject to contractor's satisfaction of this requirement.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: Date: 9/17/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
RISK MGMTS DEPT.
SEP 17 AM 9:24

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____