

## LOCAL GOVERNMENT NAME CHANGE

<b>1</b>	<b>Use this form for local government name changes ONLY. Complete all fields within this form. Sign, date, and return the form to the State WIC Program at the address at bottom of this page.</b>		
<b>2</b>	CONTRACT NUMBER 11-10461	EFFECTIVE DATE 11/5/2011	
<b>3</b>	CURRENT LEGAL BUSINESS NAME (Type or Print) El Dorado County Department of Human Services		
	MAILING ADDRESS 937 Spring Street	BUSINESS ADDRESS	
	CITY, STATE, ZIP CODE Placerville, CA 95667	CITY, STATE, ZIP CODE	
<b>4</b>	NEW LEGAL BUSINESS NAME El Dorado County Health and Human Services Agency		
<b>5</b>	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 94 - 6000511		
<b>6</b>	<b>I hereby certify that the information provided in this document is true and correct.</b>		
	AUTHORIZED REPRESENTATIVE NAME (Type or Print) John R. Knight	TITLE Chair, Board of Supervisors	
	SIGNATURE	DATE	TELEPHONE (530) 621-5390
<b>7</b>	<b>Please return the completed form to:</b>  <div style="text-align: center;">           California WIC Program            Local Agency Support Branch            Attention: Regional Advisor            3901 Lennane Drive            Sacramento, CA 95834         </div>		
<b>For State Use Only</b>			
Date Received _____		<input type="checkbox"/> LASB Contract Analyst	
Date Completed _____		<input type="checkbox"/> FMRB Contract File	