	⁹⁸ SC	O ID:		
STANDARD AGREEMENT - AMENDMENT				
STD 213A (Rev. 4/2020)	AGREEMENT NUMBER		Purchasing Author	rity Numbei
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES	19-11095	A02		
1. This Agreement is entered into between the Contracting Age	ency and the Contractor named	below:		
CONTRACTING AGENCY NAME				
California Department of Public Health (the State)				
CONTRACTOR NAME				
Logistics Health, Inc. (the Contractor)				
2. The term of this Agreement is:				
START DATE				
April 21, 2020				
THROUGH END DATE				
September 30, 2020				
3. The maximum amount of this Agreement after this Amendme	ent is:			
\$177,000,000.00 (not to exceed)				
herein.				nclosed
All other terms and conditions shall remain the same.				iciosed
All other terms and conditions shall remain the same.	D BY THE PARTIES HERETO.			
	D BY THE PARTIES HERETO.			
	CONTRACTOR			
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED	CONTRACTOR			
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED	CONTRACTOR	CITY	STATE	ZIP
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED CONTRACTOR NAME (if other than an individual, state whether a corpo Logistics Health, Inc.	CONTRACTOR	CITY La Crosse	STATE WI	
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTER CONTRACTOR NAME (if other than an individual, state whether a corpo Logistics Health, Inc. CONTRACTOR BUSINESS ADDRESS	CONTRACTOR			ZIP
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTER CONTRACTOR NAME (if other than an individual, state whether a corpo Logistics Health, Inc. CONTRACTOR BUSINESS ADDRESS 328 Front St. S	CONTRACTOR	La Crosse		ZIP
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTER CONTRACTOR NAME (if other than an individual, state whether a corpo Logistics Health, Inc. CONTRACTOR BUSINESS ADDRESS 328 Front St. S PRINTED NAME OF PERSON SIGNING	CONTRACTOR	La Crosse		ZIP
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTER CONTRACTOR NAME (if other than an individual, state whether a corpo Logistics Health, Inc. CONTRACTOR BUSINESS ADDRESS 328 Front St. S PRINTED NAME OF PERSON SIGNING Anne Finch	CONTRACTOR	La Crosse TITLE CEO		ZIP
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTER CONTRACTOR NAME (if other than an individual, state whether a corpo Logistics Health, Inc. CONTRACTOR BUSINESS ADDRESS 328 Front St. S PRINTED NAME OF PERSON SIGNING Anne Finch CONTRACTOR AUTERED SIGNATURE	CONTRACTOR	La Crosse TITLE CEO DATE SIGNED		ZIP
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTER CONTRACTOR NAME (if other than an individual, state whether a corpo Logistics Health, Inc. CONTRACTOR BUSINESS ADDRESS 328 Front St. S PRINTED NAME OF PERSON SIGNING Anne Finch CONTRACTOR ANTERED SIGNATURE	CONTRACTOR ration, partnership, etc.)	La Crosse TITLE CEO DATE SIGNED		ZIP

CONTRACTING AGENCY ADDRESS	CITY	STATE	ZIP
PRINTED NAME OF PERSON SIGNING	TITLE		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		
CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL	EXEMPTION (If Applicable)		

EXHIBIT A STATEMENT OF WORK

This Agreement is for specimen collection and testing services for COVID-19 Response Efforts, pursuant to the Governor's Emergency Declaration. This Agreement is entered into by and between the California Department of Public Health (the "State"), on the one hand, and on the other hand, Logisitcs Health, Inc. ("Contractor" or "OSHS").

1. AGREEMENT TERM

- A. The term of the <u>A</u>agreement shall be from the date of contract execution to the end date as specifically noted on the attached STD 213<u>A</u> Standard Agreement (the "Effective Date"). <u>T</u>the State reserves the right to extend this Agreement until thirty (30) days after the lifting of the declaration of the COVID-19 state of emergency.
- B. In addition to any other provision of this Agreement, the State may terminate this Agreement or cancel a portion of the service for any reason with fifteen (15) days written notice.

2. PROJECT REPRESENTATIVES

A. The Project Representatives during the term of this Agreement will be:

The State	OSHS
Attention: Ngoc Ly Le	Attention: Sarah Wabaunsee
CDPH Testing Task Force Project	Director, Program Management
Manager	Logistics Health, Inc.
California Department of Public	328 Front Street South
Health	La Crosse, WI 54601
Telephone: (916) 445-9692	Telephone: (866) 284-8788 Ext. 51116
Email: ngoc.le@cdph.ca.gov	Email: swabaunsee@logisticshealth.com

B. Direct all inquiries to and notices to:

The State	OSHS
Attention: Ngoc Ly Le	Attention: Sarah Wabaunsee
CDPH Testing Task Force Project	Director, Program Management
Manager	Logistics Health, Inc.
California Department of Public	328 Front Street South
Health	La Crosse, WI 54601
Telephone: (916) 445-9692	Telephone: (866) 284-8788 Ext. 51116
Email: ngoc.le@cdph.ca.gov	Email: swabaunsee@logisticshealth.com

C. Either Project Representative may make changes to the contact information in Sections A or B above by giving written notice to the other party without amendment to the Agreement.

3. SCOPE

- Contractor shall provide all labor, tools, materials, equipment, and travel expenses to perform specimen collection and testing services in accordance with the terms and conditions of this Agreement. Additional information regarding Contractor is contained in Exhibit A, Attachment 1. The State will opt for the complete delivery model as set forth in section 2.0 of Exhibit A, Attachment 1. In the event of a discrepancy, ambiguity and/or inconsistency between Exhibit A, Attachment 1 and the articles, attachments, or provisions which constitute this Agreement, the State's terms and conditions shall take precedence.
- 2. Contractor shall perform services at the rates identified in Exhibit B.

4. CONTRACTOR INTELLECTUAL PROPERTY

Contractor retains all right, title and interest in and to its proprietary client portal, LHI.Care, the MedNet technology platform, all related data and documentation, all other proprietary processes, procedures and tools used by Contractor to perform the services under this Agreement, and all intellectual property rights therein, including but not limited to all modifications, enhancements, improvements and derivative works thereto (collectively, the "OSHS IP"). No title to or ownership of the OSHS IP are transferred to the State in connection with this Agreement.

5. CONTRACT MANAGEMENT

The Contractor shall provide the State the name, address, telephone number and e-mail address of its Contract Manager directly responsible for managing this Agreement. Should the Contractor's Contract Manager change or any of its contact information change, the Contractor shall provide the State Contract Administrator updated information no later than 24 hours after the date of such change. The Contractor is responsible for notifying the State in writing of any changes to a contact person, address, telephone numbers, or any other information deemed important to the functionality of the Agreement.