STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT	sco ID: 4265-2010884-A3			
STD 213A (Rev. 10/2019)	AGREEMENT NUMBER	AMENDMENT NUMBER	Purchasing Autho	rity Number
CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES	20-10884	03		
1. This Agreement is entered into between the State Agency and t	he Contractor named below	v:		
STATE AGENCY NAME				
California Department of Public Health				
CONTRACTOR NAME				
SLS Health Services LLC				
2. The term of this Agreement is:				
START DATE				
January 12, 2021				
THROUGH END DATE				
June 30, 2022				
3. The maximum amount of this Agreement after this Amendment \$1,000,000,000.00	t is:			
One Billion Dollars and Zero Cents				
Incorporated herein: I. The purpose of the amendment is to extend the end term date budget of \$150,000,000.00 bringing the new agreement budget tunforeseen increase in demand for services due to needed borde II. Exhibit B, Budget Detail and Payment Provisions, paragraph 1. Exhibit A, Attachment I and shall not exceed \$1,000,000,000.00. All other terms and conditions shall remain the same.	to \$1,000,000,000.00 in order r support efforts and surges	er to better serve the state of C in COVID19.	alifornia due to an	
IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED E	BY THE PARTIES HERETO.			
	CONTRACTOR			
CONTRACTOR NAME (if other than an individual, state whether a corporation SLS Health Services LLC	on, partnership, etc.)			
CONTRACTOR BUSINESS ADDRESS		CITY	STATE	ZIP
Post Office Box 17017		Galveston	TX	77552
PRINTED NAME OF PERSON SIGNING		TITLE		
William Sullivan		President		
CONTRACTOR AUTHORIZED SIGNATURE		DATE SIGNED		
Mass		5/7/21		

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STANDARD AGREEMENT - AMENDMENT

SCO ID: 4265-2010884-A3

STD 213A (Rev. 10/2019) AMENDMENT NUMBER AGREEMENT NUMBER **Purchasing Authority Number** 03 20-10884 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES STATE OF CALIFORNIA CONTRACTING AGENCY NAME California Department of Public Health CONTRACTING AGENCY ADDRESS CITY STATE ZIP Sacramento CA 1616 Capitol Avenue 95814 PRINTED NAME OF PERSON SIGNING TITLE Amy Manasero Assistant Branch Chief CONTRACTING AGENCY AUTHORIZED SIGNATURE DATE SIGNED CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable) Proclamation of the State of Emergency Executive Order N-25-20 PCC 1102