

**THIRD ADDENDUM TO CONTRACT FOR SERVICES
BY INDEPENDENT CONTRACTOR**

THIS THIRD ADDENDUM is to that Contract for Services executed on June 22, 2017, and amended by First Addendum on July 10, 2018, and amended by Second Addendum on August 6, 2019, between the County of Siskiyou ("County") and Dr. Kitt Murrison, PhD. ("Contractor") and is entered into on the date when it has been both approved by the Board and signed by all other parties to it.

WHEREAS, the Contract expires on June 30, 2021, and services continue to be required after that date; and

WHEREAS, the parties desire to extend the term of the Contract;

NOW, THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Paragraph 1.01 of the Contract for Services shall be amended to extend the term of the contract through June 30, 2022.

All other terms and conditions of the Contract for Services shall remain in full force and effect.

IN WITNESS WHEREOF, County and Contractor have executed this Third Addendum on the dates set forth below, each signatory represents that he/she has the authority to execute this agreement and to bind the Party on whose behalf his/her execution is made.

COUNTY OF SISKIYOU

Date: _____

Chair, Ray A. Haupt
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

7/13/2021
Date: _____

LICENSE #: PSY13501

CONTRACTOR:
Dr. Kitt Murrison, PhD.
DocuSigned by:
Kitt Murrison

Dr. Kitt Murrison, PhD.

TAXPAYER I.D.: 570946118

APPROVED AS TO ACCOUNTING FORM:

Fund	Organization	Account	Amount
FY 2017/2018			
1001	203040	723000	\$ 1,600.00
1001	203050	723000	\$ 800.00
FY 2018/2019			
1001	203040	723000	\$ 0.01
1001	203050	723000	\$ 0.01
FY 2019/2020			
1001	203040	723000	\$ 0.01
1001	203050	723000	\$ 0.01
FY 2020/2021			
1001	203050	723000	\$ 0.01
1017	203050	723000	\$ 0.01
FY 2021/2022			
1001	203050	723000	\$ 0.01
1017	203050	723000	\$ 0.01

Encumbrance# E2100075

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:

KITT MURRISON, PH.D.
C/O MISSION SQUARE
2757 BECHELLI LANE
REDDING CA 96002

Additional Named Insureds:

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A

(If different than address listed above)

Claim History: None

Retroactive date is 09/01/1993

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5010-1300	9/01/20	9/01/21	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.


Comments: Defense Reimbursement Proceedings Limit is \$50,000. 3 ADDL.INS.BELOW:
SEE ATTACHED SEE ATTACHED SEE ATTACHED

This Certificate Issued to:

Name: KITT MURRISON, PH.D.
C/O MISSION SQUARE
Address: 2757 BECHELLI LANE

REDDING CA 96002

APA 00138 00 (06/2014)


Authorized Representative