IN WITNESS WHEREOF, County and Contractor have executed this agreement 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

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANDON A. CRISS, CHAIR

Board of Supervisors

County of Siskiyou

State of California

ATTEST:

LAURA BYNUM

Clerk, Board of Supervisors

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deputy

ACCOUNTING:

Fund Organization Account Activity Code (if applicable)

1019 202010 542700 N/A

Encumbrance number (if applicable)

If not to exceed, include amount not to exceed: $135,000.00 (ONE HUNDRED AND THIRTY FIVE THOUSAND DOLLARS AND NO CENTS)

*For multi-year contracts, please include separate sheet with financial information for each fiscal year.*