FIRST ADDENDUM TO CONTRACT FOR SERVICES BY INDEPENDENT CONTRACTOR

THIS FIRST ADDENDUM is to that Contract for Services entered into on September 8, 2021 and Restpadd Health Corporation ("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 cost of services to be provided under the Contract is expected to exceed the amount provided in the Contract; and

WHEREAS, the parties desire to increase the amount of compensation payable under the Contract; and

WHEREAS, the Scope of Service, Exhibit A, needs to be revised to reflect the provided rates effective July 1, 2022; and

NOW THEREFORE, THE PARTIES MUTUALLY AGREE AS FOLLOWS:

Section 3.01, of the Contract, Scope of Services, Exhibit "A", Section II, Compensation, paragraph A, of Exhibit "A", shall be deleted and replaced in its entirety with the new Section II, Compensation, paragraph A of Exhibit "A", attached hereto and hereby incorporated by reference. All other terms and conditions of the Contract shall remain in full force and effect.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, County and Contractor have executed this First 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 6/16/2022 DocuSigned by Date: indin BRANDON A. CRISS, CHAIR **Board of Supervisors** County of Siskiyou State of California ATTEST: LAURA BYNUM Clerk, Board of Supervisors DocuSigned by: **Den (¢†**&AD1A5444... CONTRACTOR: Restpadd Health Corporation 6/2/2022 Bill Hunt Date: William Hunt, RN, BSN, Administrator 6/2/2022 Robert Edgar, RN Date: Robert Edgar, RN

License No.: 20016060

(Licensed in accordance with an act providing for the registration of contractors)

Note to Contractor: For corporations, the contract must be signed by two officers. The first signature must be that of the chairman of the board, president or vice-president; the second signature must be that of the secretary, assistant secretary, chief financial officer or assistant treasurer. (Civ. Code, Sec. 1189 & 1190 and Corps. Code, Sec. 313.)

TAXPAYER I.D. 46-4224829___

ACCOUNTING:

Fund	Organization	Account	Activity Code
2122	401030	740300	•
2129	401031	740000	163A

Encumbrance number (if applicable): E2200311

FY 21/22 \$0.01 (Rate) FY 22/23 \$0.01 (Rate)

Exhibit "A"

II. Compensation and Billing

A. County agrees to pay as follows for services provided at Restpadd Health Corp. located in Red Bluff, CA the following all-inclusive rates effective July 1, 2022.

Fiscal Year 2022/23

\$1,070.00 per adult client, per day for Indigent and Medi-Cal patients

\$1,351.00 per youth client, per day for Indigent and Medi-Cal patients

*Contractor will not charge for the client's day of discharge



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Jennifer Lakmann				
InterWest Insurance Serv., LLC	PHONE (A/C, No, Ext): 530-222-1737	FAX (A/C, No): 530-2	22-3771		
License #0B01094 310 Hemsted Dr., Suite 200	E-MAIL ADDRESS: jlakmann@iwins.com				
Redding CA 96002-0935	INSURER(S) AFFORDING CO	INSURER(S) AFFORDING COVERAGE			
License#: 0	0B01094 INSURER A: State Comp Ins Fund (CA)	INSURER A: State Comp Ins Fund (CA)			
INSORED	RESTP-3 INSURER B: Houston General Insurance C	Co.			
Restpadd Health Corp 925 Walnut St.	INSURER C: ProAssurance Specialty Insu	INSURER C: ProAssurance Specialty Insurance Company			
Red Bluff CA 96080	INSURER D:	INSURER D:			
	INSURER E :				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: 261685303

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

SR		INSD WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
С	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	Y	AFC9861522	4/1/2022	4/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 100,000
İ	X Hired & Nonowned					MED EXP (Any one person)	\$ 5,000
	X Auto Liability					PERSONAL & ADV INJURY	\$ 2,000,000
Ī	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$4,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:					Employee Benefits	\$ 1,000,000
T	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
Ī	ANY AUTO					BODILY INJURY (Per person)	\$
İ	OWNED SCHEDULED AUTOS ONLY					BODILY INJURY (Per accident)	\$
Ì	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$ 4
							\$
1	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		9048945	7/1/2021	7/1/2022	X PER STATUTE ER	
- 1	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
(Ma	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
Cyber Liability Professional Liability Professional Liability			H21NGP21228900 AFC9861522 AFC9861522	12/20/2021 4/1/2022 4/1/2022	12/20/2022 4/1/2023 4/1/2023	Limit Each Claim Limit Aggregate Limit	1,000,000 2,000,000 4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

As Respects General Liability, Siskiyou County, its Officials, Employees and Agents; Additional Insured status applies to requested entities if required by written contract and Endorsement will follow from Carrier.