

IN WITNESS WHEREOF, County and Contractor have executed this 4th addendum on the dates set forth below, each signatory represents that they have the authority to execute this agreement and to bind the Party on whose behalf their execution is made.

COUNTY OF SISKIYOU

Date: _____

MICHAEL N, KOBSEFF, CHAIR
Board of Supervisors
County of Siskiyou
State of California

ATTEST:
LAURA BYNUM
Clerk, Board of Supervisors

By: _____
Deputy

CONTRACTOR: Aurora Behavioral
Healthcare – Santa Rosa, LLC d/b/a Santa
Rosa Behavioral Healthcare Hospital

Date: 11/4/2024


Tristan Ivy
Chief Executive Officer

Date: 11-4-2024


Wade Sturgeon
System Chief Financial Officer

License No.:550001413
(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.: 27-1317136

ACCOUNTING:
Fund Organization Account Activity Code (if applicable)
2122 401030 740300

Encumbrance number (if applicable):

FY 19/20 \$0.01 (Rate)
FY 20/21 \$0.01 (Rate)
FY 21/22 \$0.01 (Rate)
FY 22/23 \$0.01 (Rate)
FY 23/24 \$0.01 (Rate)
FY 24/25 \$0.01 (Rate)

If not to exceed, include amount not to exceed: