

**AMENDMENT NO. 1  
TO PROFESSIONAL SERVICES AGREEMENT  
BETWEEN Mission Linen Supply AND  
THE NATIVIDAD MEDICAL CENTER  
FOR  
Linen Processing Services**

This Amendment No. 1 to Professional Services Agreement (“Agreement”), dated July 1, 2011, is entered into by and between the County of Monterey, on behalf of Natividad Medical Center (“NMC”), and Mission Linen Supply (Contractor), with respect to the following:

**RECITALS**

**WHEREAS**, the County and Contractor amended the Agreement previously on July 26, 2011 via; and

**WHEREAS**, the County and Contractor wish to amend the Agreement to extend the term end date to allow for existing services to continue; and

**AGREEMENT**

**NOW, THEREFORE**, the parties agree to amend the Agreement as follows:

1. Contractor will continue to provide NMC with the same scope of services as stated in the original Agreement No. (A-12051).
2. Section 2. TERM OF AGREEMENT” shall be amended by removing, *“The term of this Agreement is from July 1, 2011 to June 30, 2014 unless sooner terminated pursuant to this Agreement”* and replacing it with *“The term of this Agreement is July 1, 2011 to June 30, 2015 unless sooner terminated pursuant to this Agreement.”*
3. Except as provided herein, all remaining terms, conditions and provisions of the Original Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the Agreement.
4. A copy of this Amendment No. 1 shall be attached to the original Agreement No. (A-12051).
5. The effective date of this Amendment No. 1 is July 1, 2014.

IN WITNESS WHEREOF, the parties hereto are in agreement with this Amendment on the basis set forth in this document and have executed this Amendment on the day and year set forth herein.

**Natividad Medical Center**

By: \_\_\_\_\_  
Sid Cato, NMC Contracts Manager

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Harry Weis, NMC Chief Executive Officer

Date: \_\_\_\_\_

**APPROVED AS TO LEGAL PROVISIONS**

By: \_\_\_\_\_  
Anne Brauer  
Monterey County, Deputy County Counsel

Date: \_\_\_\_\_

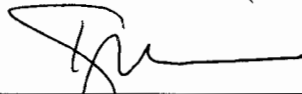
**APPROVED AS TO FISCAL PROVISIONS**

By: \_\_\_\_\_  
Gary Giboney  
Monterey County Auditor/Controller's Office

Date: \_\_\_\_\_

**CONTRACTOR**

MISSION LINEN SUPPLY  
Contractor's Business Name\*\*\* (see instructions)

  
Signature of Chair, President, or Vice-President

KAVIN J. PARISEBAULT REGIONAL DIRECTOR  
Name and Title

Date: 4/17/2014

By: \_\_\_\_\_  
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)

\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_

**\*\*\*Instructions**

If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (two signatures required).

If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership (two signatures required).

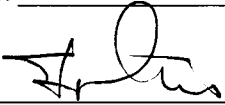
If CONTRACTOR is contracting in and individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (one signature required)

IN WITNESS WHEREOF, the parties hereto are in agreement with this Amendment on the basis set forth in this document and have executed this Amendment on the day and year set forth herein.

**Natividad Medical Center**

By: \_\_\_\_\_  
Sid Cato, NMC Contracts Manager

Date: \_\_\_\_\_

By:   
Harry Weis, NMC Chief Executive Officer

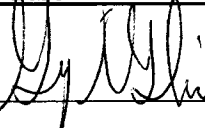
Date: 4/16/14

**APPROVED AS TO LEGAL PROVISIONS**

By:   
Anne Brauer   
Monterey County, Deputy County Counsel

Date: April 15, 2014

**APPROVED AS TO FISCAL PROVISIONS**

By:   
Gary Giboney  
Monterey County Auditor/Controller's Office

Date: 4-17-14

**CONTRACTOR**

\_\_\_\_\_  
**Contractor's Business Name\*\*\*** (see instructions)

\_\_\_\_\_  
Signature of Chair, President, or Vice-President

\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)

\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_

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