| STANDARD AGREEMENT - AMENDMENT  | Reset Form Print Form scor        | D: 4265-2010869-A2   |                     |             |
|---|-----------------------------------|--|---------------------|-------------|
| STD 213A (Rev. 10/2019)   | AGREEMENT NUMBER                  | AMENDMENT NUMBER   | Purchasing Author   | rity Number |
| CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED PAGES   |                                   | 02   |                     |             |
| 1. This Agreement is entered into between the State Agency and  | nd the Contractor named below:    |  |                     |             |
| STATE AGENCY NAME California Department of Public Health  |                                   |  |                     |             |
| CONTRACTOR NAME Medical Solutions, LLC.   |                                   |  |                     |             |
| 2. The term of this Agreement is:   |                                   |  |                     |             |
| START DATE<br>January 28, 2021  |                                   |  |                     |             |
| THROUGH END DATE June 30, 2021  |                                   |  |                     |             |
| 3. The maximum amount of this Agreement after this Amenda<br>\$100,000,000.00<br>One Hundred Million Dollars and Zero Cents     | nent is:                          |  |                     |             |
| 4. The parties mutually agree to this amendment as follows  | s. All actions noted below are by | this reference made a par  | t of the Agreemer   | nt and      |
| incorporated herein:  |                                   | •  | -                   |             |
| I. The purpose of the amendment is to add \$90,000,000.00 to \$100,000,000.00 due to the recent surge in COVID19 through        |                                   | 0,000,000.00 bringing the an   | nended contract b   | udget to    |
| II. Exhibit B, Budget Detail and Payment Provisions, Section 1.1 outlined in Exhibit A Attachments I-6 of this agreement and sh |                                   | d, The amounts payable unde  | er this Agreement a | are         |
| All other terms and conditions shall remain the same.   |                                   |  |                     |             |
| IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTE   | ED BY THE PARTIES HERETO.         |  |                     |             |
|   | CONTRACTOR                        |  |                     |             |
| CONTRACTOR NAME (if other than an individual, state whether a corpo Medical Solutions, LLC.                                     | oration, partnership, etc.)       |  |                     |             |
| CONTRACTOR BUSINESS ADDRESS   |                                   | CITY   | STATE               | ZIP         |
| 1010 N 102nd Street, Suite 300  |                                   | Omaha  | NE                  | 68114       |
| PRINTED NAME OF PERSON SIGNING Chris Ahl  |                                   | TITLE<br>Risk Manager  |                     |             |
| CONTRACTOR AUTHORIZED SIGNATURE   |                                   | DATE SIGNED  |                     |             |
|   |                                   |  |                     |             |
|   | STATE OF CALIFORNIA               | 1  |                     |             |
| CONTRACTING AGENCY NAME California Department of Public Health  |                                   |  |                     |             |
| CONTRACTING AGENCY ADDRESS  |                                   | CITY   | STATE               | ZIP         |
| 1616 Capitol Avenue   |                                   | Sacramento   | CA                  | 95814       |
| PRINTED NAME OF PERSON SIGNING  Amy Manasero  |                                   | TITLE Assistant Branch Chief   |                     |             |
| CONTRACTING AGENCY AUTHORIZED SIGNATURE   |                                   | DATE SIGNED  |                     |             |
|   |                                   | 3/11/2021  |                     |             |
| CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL  |                                   | EXEMPTION (If Applicable) Proclamation of the State of Emergency Executive Order N-25-20 |                     |             |
|   |                                   |  |                     |             |