STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT STD 213A (Rev. 10/2019) Purchasing Authority Number AGREEMENT NUMBER AMENDMENT NUMBER CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED SOS-0890 18G30117 2 1. This Agreement is entered into between the Contracting Agency and the Contractor named below: STATE AGENCY NAME Secretary of State CONTRACTOR NAME **Lake County** 2. The term of this Agreement is: START DATE February 1, 2019, or upon approval by Dept. of General Services, if required, which is later THROUGH END DATE June 30, 2022 3. The maximum amount of this Agreement after this Amendment is: \$398,594.70 Three Hundred Ninety Eight Thousand Five Hundred Ninety Four Dollars and Seventy Cents 4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein: 1. The term of this agreement is hereby extended to December 31, 2024. 2. Exhibit B, Paragraph 7 Retroactive Payments - Counties may claim reimbursement for expenses and activities permissible under the terms of this Agreement that occur after April 29, 2015, and before December 31, 2024. 3.Any unused remaining funds previously identified in Exhibit B-1 will be paid out of FY21/22 or FY22/23 depending on approved funding allocation. All other terms and conditions shall remain the same. IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO. CONTRACTOR CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.) **Lake County** CONTRACTOR BUSINESS ADDRESS CITY STATE ZIP 225 N Forbes St Lakeport CA 95453 PRINTED NAME OF PERSON SIGNING Maria Valadez TITLE Registrar of Voters CONTRACTOR AUTHORIZED SIGNATURE DATE SIGNED STATE OF CALIFORNIA CONTRACTING AGENCY NAME Secretary of State 7IP CONTRACTING AGENCY ADDRESS CITY STATE 95814 1500 11th Street Sacramento CA PRINTED NAME OF PERSON SIGNING TITLE DATE SIGNED CONTRACTING AGENCY AUTHORIZED SIGNATURE CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL EXEMPTION (If Applicable)

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