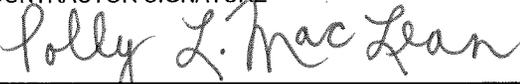


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JUN 07 2016

		CONTRACT AMENDMENT		DSHS CONTRACT NUMBER: 1548-29882 ODHH Amendment No. 02
This Contract Amendment is between the State of Washington Department of Social and Health Services (DSHS) and the Contractor identified below.			Program Contract Number Click here to enter text. Contractor Contract Number	
CONTRACTOR NAME		CONTRACTOR doing business as (DBA)		
Polly L MacLean, CSC		MacLean, CSC, Polly L		
CONTRACTOR ADDRESS		WASHINGTON UNIFORM BUSINESS IDENTIFIER (UBI)	DSHS INDEX NUMBER	
PO Box 97374 Tacoma, WA 98497-0374		600-396-690	66144	
CONTRACTOR CONTACT	CONTRACTOR TELEPHONE	CONTRACTOR FAX	CONTRACTOR E-MAIL ADDRESS	
Polly MacLean, CSC	(253) 381-3547	(253) 584-1462	2pollym@gmail.com	
DSHS ADMINISTRATION Aging & Long Term Support Admin		DSHS DIVISION Office of the Deaf and Hard of Hearing	DSHS CONTRACT CODE 8402TS-48	
DSHS CONTACT NAME AND TITLE		DSHS CONTACT ADDRESS		
Berle Ross Program Manager		14th and Jefferson Street Olympia, WA 98504		
DSHS CONTACT TELEPHONE (360)339-4559		DSHS CONTACT FAX	DSHS CONTACT E-MAIL ADDRESS rossbee@dshs.wa.gov	
IS THE CONTRACTOR A SUBRECIPIENT FOR PURPOSES OF THIS CONTRACT?			CFDA NUMBERS	
No				
AMENDMENT START DATE		CONTRACT END DATE		
07/01/2016		12/31/2016		
PRIOR MAXIMUM CONTRACT AMOUNT \$0.00		AMOUNT OF INCREASE OR DECREASE \$0.00	TOTAL MAXIMUM CONTRACT AMOUNT \$0.00	
REASON FOR AMENDMENT; CHANGE OR CORRECT CHOOSE ONE:				
ATTACHMENTS. When the box below is marked with an X, the following Exhibits are attached and are incorporated into this Contract Amendment by reference: <input type="checkbox"/> Additional Exhibits (specify):				
This Contract Amendment, including all Exhibits and other documents incorporated by reference, contains all of the terms and conditions agreed upon by the parties as changes to the original Contract. No other understandings or representations, oral or otherwise, regarding the subject matter of this Contract Amendment shall be deemed to exist or bind the parties. All other terms and conditions of the original Contract remain in full force and effect. The parties signing below warrant that they have read and understand this Contract Amendment, and have authority to enter into this Contract Amendment.				
CONTRACTOR SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED	
		Polly L. MacLean, CSC	6/4/2016	
DSHS SIGNATURE		PRINTED NAME AND TITLE	DATE SIGNED	
		BERLE ROSS	6.7.16	

This Contract between the State of Washington Department of Social and Health Services (DSHS) and the Contractor is hereby amended as follows:

Purpose. The purpose of this amendment is to extend the period of performance of this Sign Language Interpreter/Translator Services Contract.

Period of Performance. The period of performance of this Contract is extended for six (6) months for a new end date of December 31, 2016.

All other terms and conditions of this Contract remain in full force and effect.