AMENDMENT #1 TO INTERLOCAL CONTRACT

Between the State of Nevada
Acting by and through Its

Nevada State Health Division
Bureau of Community Health
Ryan White Part B
4150 Technology Way, Suite 300
Carson City, NV 89706-2009
Phone: 775-684-4200  Fax: 775-684-4211

and

University Medical Center of Southern Nevada
1800 W. Charleston Blvd.
Las Vegas, NV 89102
Phone: (702) 383-2423  Fax: (702) 383-2052
Vendor # T80998763

1. AMENDMENTS. All provisions of the original contract dated February 10, 2009, attached hereto as Exhibit A, remain in full force and effect with the exception of the following:

- Contract termination date is changed from June 30, 2009 to June 30, 2010.

- The maximum amount of the contract from July 1, 2008 through June 30, 2009, is changed from $1,061,767 to $1,197,609, which is an increase of $135,842.

- Payment for services from July 1, 2008 through June 30, 2009, will be made at the rate of $99,800.75 per month.

- The medication dispensing fees will be reduced from $20 to $12.

- The maximum amount of the contract from July 1, 2009 through June 30, 2010, is changed from $1,197,609 to $1,061,767, which is a decrease of $135,842.

- Payment for services from July 1, 2009 through June 30, 2010, will be made at the rate of $88,480.58 per month.

2. INCORPORATED DOCUMENTS. Exhibit A (Original Contract) is attached hereto, incorporated by reference herein, and made a part of this amended contract.

3. REQUIRED APPROVAL. This amendment to the original contract shall not become effective until and unless approved by the Nevada State Board of Examiners.
IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound thereby.

__________________________________________  ________________________
Public Agency's Signature                      Date                      Public Agency's Title

______________________________  ________________________
Richard Whitley, MS                      Date                      Administrator, Nevada State Health Division

______________________________  ________________________
Michael J. Willden                      Date                      Director, Department of Health and Human Services

______________________________
Signature - Board of Examiners

Approved as to form by:

______________________________
Deputy Attorney General for Attorney General

APPROVED BY BOARD OF EXAMINERS

On ________________________  ________________________

On ________________________  ________________________