

AMENDMENT NO. TWO TO CONTRACT NO. 28548 28548

RE: Renewal of Contract No. 28548 For Furnishing and Delivering Emergency Medical Supplies to the City of Long Beach (BPF04000012; PA-02003)


This Amendment to Contract is made and entered as of November 11, 2005 by and between the CITY OF LONG BEACH, a municipal corporation, and Zoll Medical Corp. (Contractor)

Contract No. 28548 is amended by mutual agreement of the parties and as indicated below by a check or other mark preceding the appropriate amendment:

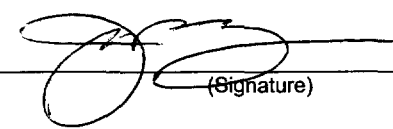
- 1. The term is extended to January 12, 2007.
- 2. The "not to exceed" amount for the original terms plus the extended terms is \$72,000.
- 2. Prices during this period shall remain firm.
- 3. The price for certain items shall be increased as shown on Exhibit "A", which is attached hereto and incorporated herein by this reference.
- 4. The price for certain items shall be decreased as shown on Exhibit "A", which is attached hereto and incorporated herein by this reference.
- 5. The discount offered to the City is increased by ____ %.
- 6. The items or locations identified on Exhibit "B", which is attached hereto and incorporated herein by this reference, are hereby deleted from the Contract.
- 7. The locations identified on Exhibit "B", which is attached hereto and incorporated herein by this reference, are hereby added to the Contract.
- 8. Current permits, licenses, insurance and other required information are enclosed as Addendum No. 1.

Except as expressly amended above, all terms and conditions in this Contract are ratified and confirmed and remain in full force and effect. Executed with all formalities required by law as of the date first stated above.

Attach Notary if Out-of-State Contractor (attached) 1 of 3

CONTRACTOR: 

 (Signature)
 Steven K. Flora
 (Print / Type Name)
 N.A. Sales, Vice President
 President (Vice President) Secretary / Treasurer
 (circle one)

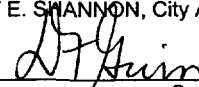


 (Signature)
 John Bergeron
 (Print / Type Name)
 V.P. & Corp. Treasurer
 President (Vice President) Secretary (Treasurer)
 (circle one)

THE CITY OF LONG BEACH:

By: 

 City Manager

Approved as to form:
 ROBERT E. SHANNON, City Attorney
 By:  12/27/05

 Senior Deputy

MASSACHUSETTS SIGNATURE WITNESSING

Gov. Exec. Ord. #455 (03-13), §5(f)

Commonwealth of Massachusetts }
County of Middlesex } ss.

On this the 29 day of November, 2005, before me,

Nancy I. Downing, the undersigned Notary Public,
Name of Notary Public

personally appeared John Bergeron,
Name(s) of Signer(s)

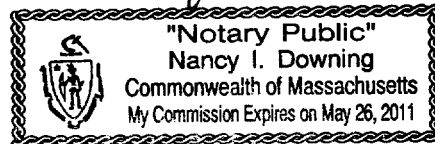
proved to me through satisfactory evidence of identity, which was/were
Full Employee Known,
Description of Evidence of Identity

to be the person(s) whose name(s) was/were signed on the preceding or attached document in my presence.

Nancy I. Downing
Signature of Notary Public
Nancy I. Downing
Printed Name of Notary

My Commission Expires 5-26-2011

2 of 3



Place Notary Seal and/or Any Stamp Above

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint of Signer

Top of thumb here

MASSACHUSETTS SIGNATURE WITNESSING

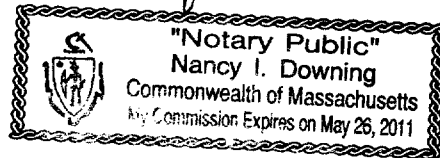
Gov. Exec. Ord. #455 (03-13), §5(f)

Commonwealth of Massachusetts
 County of Middlesex } ss.
 On this the 29 day of November, 2005, before me,
Nancy Downing, the undersigned Notary Public,
Name of Notary Public
 personally appeared Steven K. Flora,
Name(s) of Signer(s)
 proved to me through satisfactory evidence of identity, which was/were
Base Employee known,
Description of Evidence of Identity

to be the person(s) whose name(s) was/were signed on the preceding or attached document in my presence.

Nancy Downing
Signature of Notary Public
Nancy I Downing
Printed Name of Notary
 My Commission Expires 5-26-2011

3 of 3



Place Notary Seal and/or Any Stamp Above

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Right Thumbprint of Signer

Top of thumb here