

<p style="text-align: center;">Local Agency A&E Professional Services Supplemental Agreement</p>	Consultant/Address/Telephone Parametrix, Inc. 719 2 nd Avenue, #200 Seattle, WA 98104 Contact Name / E-Mail Address Karl Hufnagel / khufnagel@parametrix.com Telephone Fax 206-826-4737 425-450-6201	
Supplement Number <p style="text-align: center;">Supplement No.2</p>		
Agreement Number <p style="text-align: center;">OCC23/5-1.2(AW)</p>	Execution Date <p style="text-align: center;">12/17/2022</p>	Completion Date <p style="text-align: center;">12/31/2026</p>
Project Title <p style="text-align: center;">2023-2025 On-Call Consultant Services</p>	New Maximum Amount Payable <p style="text-align: center;">\$3,600,000.00</p>	
Description of Work <p style="text-align: center;">SOLID WASTE</p> <p style="text-align: center;">Solid Waste Engineering & Solid Waste Planning and Development</p> <p><i>To accomplish numerous On-Call projects within the stated On-Call discipline whereby Snohomish County does not have sufficient staff and/or expertise to meet the required and specific needs of the County during the 2023-2025 On-Call period.</i></p>		

The Local Agency of Snohomish County desires to supplement the Agreement entered into with **Parametrix, Inc.** and executed on December 17, 2022, as amended by Supplement No. 1 on November 1, 2023 and identified as Agreement No. **OCC23/5-1.2(AW)**. All provisions in the basic agreement remain in effect except as expressly modified by this supplement.

The changes to the Agreement are described as follows:

I

The "Total Amount Authorized" and "Maximum Amount Payable" amounts on the Agreement title page are amended as follows:

Maximum Amount Payable (~~(\$1,150,000.00)~~) **\$3,600,000.00**

II

The second paragraph of EXHIBIT A-1 Scope of Work, is amended as follows:

This AGREEMENT shows a Maximum Umbrella Amount Payable of (~~(\$1,150,000.00)~~) **\$3,600,000.00** for this Discipline. Each consultant firm selected has been designated a separate contract number under this AGREEMENT.

If you concur with this supplement and agree to the changes as stated above, please sign in the appropriate spaces below and return to this office for final action.

By: **PARAMETRIX, INC.**

By: **SNOHOMISH COUNTY**

Consultant Signature

Approving Authority Signature

Date