

**FIRST AMENDMENT TO
FISCAL AGREEMENT**

THIS FIRST AMENDMENT ("First Amendment") to the Fiscal Agreement ("Agreement") is made and entered into by and between MultiCare Health System ("MHS"), a nonprofit corporation formed under the laws of the State of Washington and Pierce County Public Transportation Benefit Area Corporation d/b/a Pierce Transit("PT"). MHS and PT are sometimes referred to in this First Amendment individually as "Party" or, collectively, as the "Parties."

WHEREAS the Parties have previously entered into a Fiscal Agreement dated January 1, 2017; and

WHEREAS the Fiscal Agreement expires on December 31, 2017 and includes an option for additional one-year extensions; and

WHEREAS, the Parties are willing and interested in extending the Fiscal Agreement;

Now, therefore, in consideration of the mutual benefits, promises, payments and undertakings of the Parties, it is hereby agreed that:

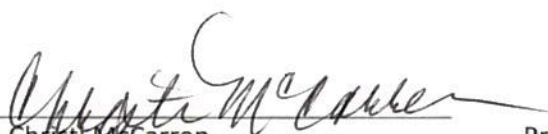
FA-1. In accordance with Section 4 & Section 16 of the Agreement, the term is hereby extended for one (1) year, commencing January 1, 2018 and ending on December 31, 2018.

FA-2. Except as set forth in this First Amendment, all terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this First Amendment effective as of the last date shown below.

MultiCare Health System:

Pierce County Public
Transportation Benefit Area
Corporation d/b/a Pierce Transit

By: 
Print Name: Christi McCarren
Title: Sr. VP Retail Health & Community-
Based Programs
Date: 11/16/17

By: 
Print Name: Sue Dreier
Title: Chief Executive Officer
Date: _____

MultiCare's Contact Information:

PT's Contact Information:

Designated Representative: Jane Hanson
Designated Representative Title: Manager – Community Programs
Address: PO Box 5299
Tacoma, Washington 98415
Telephone: 253-459-7222; 206-200-4025
Facsimile: 253-473-3117
E-mail address: Jane.Hanson@Multicare.org
Copy to Email: ContractSupport@multicare.org

Designated Representative: Cherry Thomas
Designated Representative Title: Senior Planner - Paratransit
Address: 3701 96th St SW
PO Box 99070
Lakewood, WA 98499-0070
Telephone: 253-983-3699
Facsimile: _____
E-mail address: cthomas@piercetransit.org
PT's EIN (or UBI) No.: 600353691; 27-8035495