

**WHATCOM COUNTY CONTRACT
INFORMATION SHEET**

Whatcom County Contract No. _____

Originating Department:			
Division/Program: (i.e. Dept. Division and Program)			
Contract or Grant Administrator:			
Contractor's / Agency Name:			
Is this a New Contract? If not, is this an Amendment or Renewal to an Existing Contract?		Yes	No
Yes	No	If Amendment or Renewal, (per WCC 3.08.100 (a)) Original Contract #: _____	
Does contract require Council Approval? Yes No		If No, include WCC: _____	
Already approved? Council Approved Date: _____		(Exclusions see: Whatcom County Codes 3.06.010, 3.08.090 and 3.08.100)	
Is this a grant agreement?			
Yes	No	If yes, grantor agency contract number(s): _____ ALN: _____	
Is this contract grant funded?			
Yes	No	If yes, Whatcom County grant contract number(s): _____	
Complete ALN field if contract involves direct federal grants/ cooperative agreements or pass-through federal funds.			
Is this contract the result of a RFP or Bid process?		Contract	Cost Center:
Yes	No	If yes, RFP and Bid number(s): _____	
Is this agreement excluded from E-Verify? No Yes If no, include Attachment D Contractor Declaration form.			
If YES, indicate exclusion(s) below:			
<input type="checkbox"/> Professional services agreement for certified/licensed professional. Goods and services provided due to an emergency <input type="checkbox"/> Contract work is for less than \$100,000. <input type="checkbox"/> Contract work is for less than 120 days. <input type="checkbox"/> Interlocal Agreement (between Governments).		<input type="checkbox"/> Contract for Commercial off the shelf items (COTS). <input type="checkbox"/> Work related subcontract less than \$25,000. <input type="checkbox"/> Public Works - Local Agency/Federally Funded FHWA.	
Contract Amount:(sum of original contract amount and any prior amendments): \$ _____	Council approval required for; all property leases, all Interlocal agreements, contracts or bid awards exceeding \$75,000 , and grants exceeding \$40,000 and and professional service contract amendments that have an increase greater than \$10,000 or 10% of contract amount, whichever is greater, except when: 1. Exercising an option contained in a contract previously approved by the council. 2. Contract is for design, construction, r-o-w acquisition, prof. services, or other capital costs approved by council in a capital budget appropriation ordinance. 3. Bid or award is for supplies. 4. Equipment is included in Exhibit "B" of the Budget Ordinance. 5. Contract is for manufacturer's technical support and hardware maintenance of electronic systems and/or technical support and software maintenance from the developer of proprietary software currently used by Whatcom County.		
This Amendment Amount: \$ _____			
Total Amended Amount: \$ _____			
Summary of Scope:			
Term of Contract:		Expiration Date:	
Contract Routing:		1. Prepared by: _____ Date: _____ 2. Attorney signoff: _____ Date: _____ 3. AS Finance reviewed: _____ Date: _____ 4. IT reviewed (if IT related): _____ Date: _____ 5. Contractor signed: _____ Date: _____ 6. Executive contract review: _____ Date: _____ 7. Council approved, if necessary: _____ Date: _____ 8. Executive signed: _____ Date: _____ 9. Original to Council: _____ Date: _____	

Date: December 29, 2025

RE: Reference no:2110108727

WHATCOM COUNTY, WASHINGTON
800 East Chestnut Street
Suite 3C
Bellingham, Washington 98225

Thank you for choosing Stryker for your equipment needs. Enclosed please find the documents necessary to enter into the arrangement. Once all of the documents are completed, properly executed and returned to us, we will issue an order for the equipment.

PLEASE COMPLETE ALL ENCLOSED DOCUMENTS TO EXPEDITE THE SHIPMENT OF YOUR ORDER.

**Universal Amendment
Exhibit A - Detail of Equipment**

****Conditions of Approval: Accounts Payable Contact Information**

PLEASE PROVIDE THE FOLLOWING WITH THE COMPLETED DOCUMENTS:

Federal Tax ID number:	<hr/>	Accounts Payable contact:	<hr/>
Purchase order number:	<hr/>	Accounts Payable Email:	<hr/>
Upfront payment check number (if applicable):	<hr/>	Accounts Payable Phone:	<hr/>
		Accounts Payable Address:	<hr/>
Administrative Contact(s):			
Administrative contact name:	<hr/>	Administrative contact name:	<hr/>
Email address:	<hr/>	Email address:	<hr/>
Phone number:	<hr/>	Phone number:	<hr/>

Please send completed documents to your Stryker team for processing or fax documents to (877) 204-1332.

If you have any questions regarding these documents, please contact your Stryker team.

The proposal evidenced by these documents is valid through the last business day of December, 2025.

Sincerely,
Flex Financial, a division of Stryker Sales, LLC

Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who opens an account. What this means for you: When you open an account or add any additional service, we will ask you for your name, address, federal employer identification number and other information that will allow us to identify you. We may also ask to see other identifying documents. For your records, the federal employer identification number for Flex Financial, a Division of Stryker Sales, LLC is 38-2902424.

**Amendment No.006 to Equipment Schedule No.001 to Master Agreement Number
2110108727**

Owner: Flex Financial,a division of Stryker Sales, LLC

Address: 1941 Stryker Way
Portage, MI 49002

Customer: WHATCOM COUNTY, WASHINGTON

Address: 800 East Chestnut Street
Suite 3C
Bellingham, Washington 98225

Check if applicable:

<input checked="" type="checkbox"/>	Restated equipment:	See Part I on attached Exhibit A
<input checked="" type="checkbox"/>	Restated service coverage:	See Part II on attached Exhibit A
	Additional term in months:	
<input checked="" type="checkbox"/>	New payment amount:	5 Annual Payments of \$668,595.23 (Plus applicable sales/use taxes)

Amendment Effective Date: Signature Date

Amendment proposal valid through last business day of December 2025

Owner and Customer desire to amend the agreement described above (the "Agreement"), as follows:

- Restated equipment:** If checked above, the equipment described in Part I on Exhibit A is hereby restated as the "Equipment" subject to the terms and conditions of the Agreement, which if adding Equipment such added Equipment shall be shipped to Customer within a reasonable time after this Amendment is signed by Customer and returned to Owner.
- Restated service coverage:** If checked above, the service described in Part II-Service Coverage in the attached Exhibit A shall supersede and replace Part I-Service Coverage set forth in the original Exhibit A to the Agreement, effective as of the Amendment Effective Date.
- Additional term in months:** If checked above, the term of the Agreement is extended for the number of additional months described above and payments (as modified herein) shall continue to be due during such extension. If not checked above, the term of the Agreement will not be extended and the payments (as modified herein) shall be due during the remainder of the Term.
- New payment amount:** If checked above, commencing on the first date a payment is due under the Agreement subsequent to the Amendment Effective Date, the payments due under the Agreement shall be the New Payment Amount.
- New payment amount adjustment:** The New Payment Amount was calculated by Owner based, in part, on a rate reported quoted on Bloomberg under the SOFR Swap Rate that would have a repayment term equivalent to the term (or an interpolated rate if a like-term is not available) as reasonably determined by Owner (and if the SOFR Swap Rate is no longer provided by Bloomberg, such rate shall be determined in good faith by Owner from such sources as Owner shall determine to be comparable to Bloomberg (or any successor) and in the event the Amendment Effective Date starts more than 30 days after Owner sends this Amendment to Customer, Owner may adjust the New Payment Amount once to compensate it, in good faith, for any increase in such rate. "SOFR" with respect to any day means the secured overnight financing rate published for such day by the Federal Reserve Bank of New York, as the administrator of the benchmark, (or a successor administrator) on the Federal Reserve Bank of New York's Website as quoted by Bloomberg.
- Insurance:** Customer agrees to provide proof of insurance with respect to any added Equipment in accordance with the terms of the Agreement.
- Miscellaneous:** All capitalized terms used but not defined in this Amendment will have the meanings given to them in the Agreement. The terms of this Amendment shall be effective for all purposes as of the Amendment Effective Date. Except to the extent modified by this Amendment, the terms and conditions of the Agreement will remain unchanged and shall continue in full force and effect. All terms and conditions of the Agreement are incorporated herein by reference thereto. Notwithstanding any other provision of this Amendment, this Amendment may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing or manual signing of this Amendment by Customer and when manually countersigned by Owner or attached to Owner's original signature counterpart shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof; provided, however, that if this Amendment constitutes "electronic chattel paper" or "an electronic record evidencing chattel paper" under the UCC and both Owner and Customer have signed electronically, the version identified by Owner as the "single authoritative copy" is the chattel paper for purposes of perfection by control.

Customer signature	
Signature:	Date:
Print name:	
Title:	

Accepted by Flex Financial, a division of Stryker Sales, LLC	
Signature:	Date:
Print name:	
Title:	

Exhibit A to Amendment No.006 to Equipment Schedule No.001 to Master Agreement
No.2110108727

Customer name: WHATCOM COUNTY, WASHINGTON

Delivery address: 311 GRAND AVESTE 198, BELLINGHAM, Washington 98225-4038

Part I - Equipment

Current equipment

Model No.	Equipment Description	Quantity
650705550001	6507 POWER PRO 2, HIGH CONFIG	56
650707000002	KIT, ALVARIUM BATTERY, SERVICE	56
650700450301	ASSEMBLY, BATTERY CHARGER	56
650700450102	ASSEMBLY, POWER CORD, NORTH AM	56
639005550001	MTS POWER LOAD	8
70335-000042	LP35,EN-US,MAS-SP/CO,MED-CO2,SUN-NIBP,12L,WIFI/CELL/LN/CPRIN,STD,BT	20
11140-000102	CHARGER, BATTERY, LP35	20
11335-000001	BATTERY, LI-ION, WITH IFU, LP35	20
11996-000520	SENSOR, LNCS-II RAINBOWDCIP 8-LAMBDA SPCO, PEDI	20
11160-000019	NIBP CUFF- REUSEABLE,X-LARGE ADULT, BAYONET	20
11160-000013	NIBP CUFF-REUSEABLE,CHILD, BAYONET	20
11160-000017	NIBP CUFF-REUSEABLE,LARGE ADULT, BAYONET	18
11335-000008	KIT, STORAGE BAGS, LP35	20
11260-000073	KIT, SHOULDER STRAP, LP35	20
99576-000063	LUCAS 3, 3.1, IN SHIPPING BOX, EN	11
11576-000060	LUCAS BATTERY CHARGER,MAINS PLUG,US-CAN-JA	11
11576-000071	LUCAS POWER SUPPLY WITHCORD,REDEL,CANADA,US	11
11576-000080	BATTERY,LUCAS,DARK GRAY	11
625705550002	6257 XPEDITION HIGH CONFIG	8
11150-000020	KIT, MODEM, NA, LP35	20
11996-000456	SENSOR,SPO2, RDSET DCI,ADULT,REUSE,3FT,MASIMO	2
11576-000046	LUCAS SUCTION CUP DISPOSABLE 3-PACK	1
11335-000005	KIT, PRINTER, LP35	20
11140-000131	POWER CORD,C13 ST,10FT,HOSPITAL GRADE	20
11996-000519	SENSOR,LNCS-II RAINBOW DCI 8-LAMBDA SPCO,ADULT M	20

Restated equipment

Model No.	Equipment Description	Quantity
650705550001	6507 POWER PRO 2, HIGH CONFIG	56
650707000002	KIT, ALVARIUM BATTERY, SERVICE	56
650700450301	ASSEMBLY, BATTERY CHARGER	56
650700450102	ASSEMBLY, POWER CORD, NORTH AM	56
639005550001	MTS POWER LOAD	8
70335-000042	LP35,EN-US,MAS-SP/CO,MED-CO2,SUN-NIBP,12L,WIFI/CELL/LN/CPRIN,STD,BT	20
11140-000102	CHARGER, BATTERY, LP35	20
11335-000001	BATTERY, LI-ION, WITH IFU, LP35	20
11996-000520	SENSOR, LNCS-II RAINBOWDCIP 8-LAMBDA SPCO, PEDI	20
11160-000019	NIBP CUFF- REUSEABLE,X-LARGE ADULT, BAYONET	20
11160-000013	NIBP CUFF-REUSEABLE,CHILD, BAYONET	20
11160-000017	NIBP CUFF-REUSEABLE,LARGE ADULT, BAYONET	18
11335-000008	KIT, STORAGE BAGS, LP35	20
11260-000073	KIT, SHOULDER STRAP, LP35	20
99576-000063	LUCAS 3, 3.1, IN SHIPPING BOX, EN	11
11576-000060	LUCAS BATTERY CHARGER,MAINS PLUG,US-CAN-JA	11
11576-000071	LUCAS POWER SUPPLY WITHCORD,REDEL,CANADA,US	11
11576-000080	BATTERY,LUCAS,DARK GRAY	11
625705550002	6257 XPEDITION HIGH CONFIG	8
11150-000020	KIT, MODEM, NA, LP35	20
11996-000456	SENSOR,SPO2, RDSET DCI,ADULT,REUSE,3FT,MASIMO	2
11576-000046	LUCAS SUCTION CUP DISPOSABLE 3-PACK	1
11335-000005	KIT, PRINTER, LP35	20
11140-000131	POWER CORD,C13 ST,10FT,HOSPITAL GRADE	20
11996-000519	SENSOR,LNCS-II RAINBOW DCI 8-LAMBDA SPCO,ADULT M	20
70335-000042	LP35,EN-US,MAS-SP/CO,MED-CO2,SUN-NIBP,12L,WIFI/CELL/LN/CPRIN,STD,BT	1

11140-000102	CHARGER, BATTERY, LP35	1
11335-000001	BATTERY, LI-ION, WITH IFU, LP35	1
11160-000019	NIBP CUFF- REUSEABLE,X-LARGE ADULT, BAYONET	1
11160-000013	NIBP CUFF-REUSEABLE,CHILD, BAYONET	1
11160-000021	NIBP CUFF- REUSEABLE,SMALL ADULT, BAYONET	1
11996-000519	SENSOR,LNCS-II RAINBOW DCI 8-LAMBDA SPCO,ADULT M	1
11996-000520	SENSOR, LNCS-II RAINBOWDCIP 8-LAMBDA SPCO, PEDI	1
11577-000002	KIT - CARRY BAG, MAIN BAG	1
11335-000008	KIT, STORAGE BAGS, LP35	1
11260-000073	KIT, SHOULDER STRAP, LP35	1
11335-000005	KIT, PRINTER, LP35	1
11996-000476	OB ASSEMBLY, GATEWAY, 4GMULTITECH, ATT,SIM	1
99576-000063	LUCAS 3, 3.1, IN SHIPPING BOX, EN	1
11576-000060	LUCAS BATTERY CHARGER,MAINS PLUG,US-CAN-JA	1
11576-000071	LUCAS POWER SUPPLY WITHCORD,REDEL,CANADA,US	1
11576-000080	BATTERY,LUCAS,DARK GRAY	1
11576-000046	LUCAS SUCTION CUP DISPOSABLE 3-PACK	1
11150-000020	KIT, MODEM, NA, LP35	1

Part II - Service coverage

Current service coverage

Model No.	Service Description	Years	Quantity
71061PT	PREVENT - Power Cot	10.0	54
11996-000480	ASSEMBLY,GATEWAY,4G,WIFI,VOICE	null	18
76011PT	PREVENT - PowerLOAD	10.0	7
78000008	LP15 On Site Prevent w batt	10.0	18
78000020	LUC On Site Prevent w batt	10.0	10
73071PT	PREVENT - Stair Chair	10.0	7
78000171	LIFENET Asset	null	28
11600-000030	CODE-STAT 11 DATA REVIEWSEAT LICENSE	null	3
78000171	Lifenet Asset (Per Device)	0.0	2
71061PT	Power-PRO Prevent Service	0.0	2
77100003	Cot Upgrade or Install	0.0	2
78000171	Lifenet Asset (Per Device)	0.0	3
78000008	On Site Prevent for LIFEPAK 15 V4 Monitor/Defib -SpCO,NIBP12-Lead ECGEtCO2BT.	10.0	2
78000020	On Site Prevent for LUCAS 3,v3.1 Chest Compression Patient Straps(1) Stabilization Strap(2) Suction CupsEach Device	10.0	1
76011PT	Power-LOAD Prevent Service	10.0	46
73071PT	Stair Chair Prevent Service	10.0	1
76011PT	Powerload from Whatcom 7 8 Years PL * 3	8.0	3
76011PT	Existing PL 4 at 8 Years	8.0	4

Restated service coverage

Model No.	Service Description	Years	Quantity
71061PT	PREVENT - Power Cot	10.0	54
11996-000480	ASSEMBLY,GATEWAY,4G,WIFI,VOICE	0.0	18
76011PT	PREVENT - PowerLOAD	10.0	7
78000008	LP15 On Site Prevent w batt	10.0	18
78000020	LUC On Site Prevent w batt	10.0	10
73071PT	PREVENT - Stair Chair	10.0	7
78000171	LIFENET Asset	0.0	28
11600-000030	CODE-STAT 11 DATA REVIEWSEAT LICENSE	0.0	3
78000171	Lifenet Asset (Per Device)	0.0	2
71061PT	Power-PRO Prevent Service	0.0	2
77100003	Cot Upgrade or Install	0.0	2
78000171	Lifenet Asset (Per Device)	0.0	3
78000008	On Site Prevent for LIFEPAK 15 V4 Monitor/Defib -SpCO,NIBP12-Lead ECGEtCO2BT.	10.0	2
78000020	On Site Prevent for LUCAS 3,v3.1 Chest Compression Patient Straps(1) Stabilization Strap(2) Suction CupsEach Device	10.0	1
76011PT	Power-LOAD Prevent Service	10.0	46
73071PT	Stair Chair Prevent Service	10.0	1
76011PT	Powerload from Whatcom 7 8 Years PL * 3	8.0	3
76011PT	Existing PL 4 at 8 Years	8.0	4

<u>LIFEPK-FLD- PROCARE</u>	<u>PROCARE-SVC-LIFEPAK-FIELD-REPAIR</u>	<u>4.25</u>	<u>1</u>
<u>LUCAS-FLD- PROCARE</u>	<u>PROCARE-SVC-LUCAS-FIELD-REPAIR</u>	<u>4.25</u>	<u>1</u>

Current freight: Financed

Additional freight: Financed

Restated freight: Financed