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CONTRACT AMENDMENT # 1
RENEWAL # 1

This amendment by and between the Contractor and State Entity defined below shall be effective as of the date this Amendment is fully executed.

STATE OF GEORGIA CONTRACT	
State Entity's Name:	Department of Administrative Services ("DOAS")
Contractor's Full Legal Name:	MedImpact Healthcare Systems, Inc
Contract No.:	99999-DCH0000136-004
Solicitation Title/Event Name:	Pharmacy Benefits Services
Contract Award Date:	October 29, 2025
Current Contract Term:	October 29, 2025 – October 28, 2026

BACKGROUND AND PURPOSE. The Contract is in effect through the Current Contract Term provided above. The parties hereto now desire to amend the Contract to renew/extend for an additional period of time as defined below.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties do hereby agree as follows:

1. **CONTRACT RENEWAL.** The parties hereby agree that the contract will be renewed/extended for an additional period of time as follows:

NEW CONTRACT TERM	
Beginning Date of New Contract Term:	October 29, 2026
End Date of New Contract Term:	October 28, 2027

The parties agree the contract will expire at midnight on the date defined as the "End Date of the New Contract Term" unless the parties agree to extend the contract for an additional period of time.

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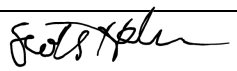
2. **SUCCESSORS AND ASSIGNS.** This Amendment shall be binding upon and inure to the benefit of the successors and permitted assigns of the parties hereto.

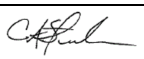
3. **ENTIRE AGREEMENT.** Except as expressly modified by this Amendment, the Contract shall be and remain in full force and effect in accordance with its terms and shall constitute the legal, valid, binding and enforceable obligations to the parties. This Amendment and the Contract (including any written amendments thereto), collectively, are the complete agreement of the parties and supersede any prior agreements or representations, whether oral or written, with respect thereto.

IN WITNESS WHEREOF, the parties have caused this Amendment to be duly executed by their authorized representatives.

CONTRACTOR

Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)	MedImpact Healthcare Systems, Inc
Authorized Signature:	
Printed Name and Title of Person Signing:	Scott Helmus Senior Vice President GPS
Date:	8/10/2026
Company Address:	10181 Scripps Gateway Ct; San Diego CA 92131

STATE ENTITY

Authorized Signature:	
Printed Name and Title of Person Signing:	Carrie Steele, Deputy Commissioner, DOAS
Date:	8/13/2026
Company Address:	200 Piedmont Avenue, S.E. West Tower Atlanta, Georgia 30334