













IN WITNESS WHEREOF, the Parties have executed this Amendment to Original Agreement as of the date first mentioned above.

SOUTH CORRECTIONAL ENTITY

CITY OF SHORELINE  
Contract Agency Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ATTESTED BY:**

\_\_\_\_\_  
Signature

**NOTICE ADDRESS:**

SOUTH CORRECTIONAL ENTITY  
20817 17th Avenue South  
Des Moines, WA 98198

**NOTICE ADDRESS:**

CITY OF SHORELINE  
C/O City Manager’s Office  
17500 Midvale Ave N.  
Shoreline, WA 98133

**Attention:** Devon Schrum, Executive Director  
**Email:** dschrum@scorejail.org  
**Telephone:** (206) 257-6262  
**Fax:** (206) 257-6310

**Attention:** Christina Arcidy  
**Email:** carcidy@shorelinewa.gov  
**Telephone:** (206) 801-2216  
**Fax:**

**DESIGNATED REPRESENTATIVE FOR PURPOSES OF THIS AGREEMENT:**

**DESIGNATED REPRESENTATIVE FOR PURPOSES OF THIS AGREEMENT:**

Name: Devon Schrum

Name: Christina Arcidy

Title: Executive Director

Title: Management Analyst, City Manager’s Office