

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: **Complete Contracting Partners, LLC**

Contract No. **23ITB138741K-JAJ (C), Fulton County Task Order Contract for Minor Construction Projects**

Address: **3721 Macland Road, Unit 200-316**
City, State **Powder Springs, GA 30127**

Telephone: **(404) 297-5060**

E-mail: **quincy@crmservicesllc.com**

Contact: **Quincy Collins**
President/CEO

WITNESSETH

WHEREAS, Fulton County ("County") entered into a Contract with Complete Contracting Partners, LLC, to provide Task Order Contract and Minor Construction Projects, dated 1st day of January 2024, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the County wishes to amend the contract to increase the spending authority to cover the costs to provide upgrades, replacement/repairs and complete the on-going projects at the Fulton County Jail (Jail Blitz Program); and

WHEREAS, the Contractor has performed satisfactorily over the period of the contract; and

WHEREAS, this amendment was approved by the Fulton County Board of Commissioners on November 19, 2025, BOC Items #25-0875.

NOW, THEREFORE, the County and the Contractor agree as follows:

This Amendment No.2 to Form of Contract is effective as of the 19th day of November 2025, between the County and Complete Contracting Partners, LLC, who agree that all Services specified will be performed in accordance with this Amendment No. 2 to Form of Contract and the Contract Documents.

- SCOPE OF WORK TO BE PERFORMED:** The Contractor will continue to furnish all management, labor, materials, tools, equipment, and appurtenances to perform the work authorized by this amendment and issued under this contract, by providing upgrades, replacement/repairs and complete the on-going projects at the Fulton County Jail (Jail Blitz Program) facility.

2. **COMPENSATION:** The services described under Scope of Work herein shall be performed by Contractor for a total amount not to exceed \$300,000.00 (Three Hundred Thousand Dollars and No Cents).
3. **LIABILITY OF COUNTY:** This Amendment No. 2 to Form of Contract shall not become binding on the County and the County shall incur no liability upon same until such agreement has been executed by the Chair to the Commission, attested to by the Clerk to the Commission and delivered to Contractor.
4. **EFFECT OF AMENDMENT NO. 2 TO FORM OF CONTRACT:** Except as modified by this Amendment No. 2 to Form of Contract, the Contract, and all Contract Documents, remain in full force and effect.

[INTENTIONALLY LEFT BLANK]

IN WITNESS THEREOF, the Parties hereto have caused this Contract to be executed by their duly authorized representatives as attested and witnessed and their corporate seals to be hereunto affixed as of the day and year date first above written.

OWNER:

FULTON COUNTY, GEORGIA

Robert L. Pitts

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

ATTEST:

Tonya R. Grier

Tonya R. Grier
Clerk to the Commission

(Affix  Seal)

APPROVED AS TO FORM:

David Lowman

Office of the County Attorney

APPROVED AS TO CONTENT:

Joseph N. Davis

Joseph N. Davis, Director,
Department of Real Estate and Asset
Management

ITEM#: <u> </u>	RM: <u> </u>
REGULAR MEETING	

ITEM#: <u>25-0875C</u>	2nd RM: <u>11/19/2025</u>
SECOND REGULAR MEETING	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Janine Walker PHONE (A/C, No, Ext): (470) 705-0238 E-MAIL ADDRESS: jwalker@insnetworkgroup.com	
Insurance Network Group LLC - GA PO Box 1439		INSURER(S) AFFORDING COVERAGE INSURER A: ALLIED WORLD SURPLUS LINES INS CO 24319	
Snellville GA 30078		NAIC #	
INSURED		INSURER B:	
Complete Contracting Partners LLC 3721 NEW MACLAND RD Unit 200-316		INSURER C:	
POWDER SPRINGS GA 30127		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:	
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>					

INSR LTR	TYPE OF INSURANCE	ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <hr/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">GEN'L AGGREGATE LIMIT APPLIES PER:</div> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	PACS01-0100482	06/12/2025	06/12/2026	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 50,000	
	MED EXP (Any one person)						\$ 5,000	
	PERSONAL & ADV INJURY						\$ 1,000,000	
	GENERAL AGGREGATE						\$ 2,000,000	
	PRODUCTS - COMP/OP AGG						\$ 2,000,000	
\$		\$						
A	<div style="border: 1px solid black; padding: 2px; display: inline-block;">AUTOMOBILE LIABILITY</div> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <hr/> <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <hr/> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$:	Y	Y	PACS02-00158	06/12/2025	06/12/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
	\$						\$	
	\$						\$	
A	<div style="border: 1px solid black; padding: 2px; display: inline-block;">WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</div> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y / N <div style="border: 1px solid black; padding: 2px; display: inline-block;">(Mandatory in NH)</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">If yes, describe under DESCRIPTION OF OPERATIONS below</div>	N / A	N / A	WCGA000534000	06/12/2025	06/12/2026	PER STATUTE	OTH- ER
	E.L. EACH ACCIDENT						\$ 1,000,000	
	E.L. DISEASE - EA EMPLOYEE						\$ 1,000,000	
	E.L. DISEASE - POLICY LIMIT						\$ 1,000,000	
	\$						\$	
	\$						\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
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CERTIFICATE HOLDER	CANCELLATION
<div style="border: 1px solid black; padding: 10px; height: 100px; vertical-align: top;"> FULTON COUNTY GOVERNMENT - PURCHASING 130 PEACHTREE ST SW STE 1168 Atlanta GA 30303 </div>	<div style="border: 1px solid black; padding: 10px; height: 100px; vertical-align: top;"> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE </div>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/18/2025

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PLW & ASSOCIATES PO BOX 512, SNELLVILLE, GA 30078	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	
INSURER A : Progressive Mountain Insurance Company		35190
INSURED Complete Contracting Partners LLC 3721 NEW MACLAND RD Unit 200-316 Powder Springs, GA 30127	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 495958117483900479D091825T153650

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADD'L INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP. AGG	\$
	OTHER:								\$
A	AUTOMOBILE LIABILITY		Y	Y	997720237	05/20/2025	05/20/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO							BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
									\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$	
	DED	RETENTION \$						\$	
								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N / A				PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
A	See ACORD 101 for additional coverage details.			Y	Y	997720237	05/20/2025	05/20/2026	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Fulton County- Purchasing 130 Peachtree St SW Ste 1168 Atlanta, GA 30303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY PLW & ASSOCIATES		NAMED INSURED Complete Contracting Partners LLC 3721 NEW MACLAND RD Unit 200-316 Powder Springs, GA 30127
POLICY NUMBER 997720237		
CARRIER Progressive Mountain Insurance Company	NAIC CODE 35190	EFFECTIVE DATE: 05/20/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Information

Certificate holder is listed as an Additional Insured and Waiver of Subrogation Holder.

Certificate Of Completion

Envelope Id: 054F5690-77E3-42CB-A440-C9C564D32DAC

Status: Completed

Subject: Complete Contracting Partners, LLC-Task Order Contract-BOC#25-0875

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 6

Signatures: 5

Envelope Originator:

Certificate Pages: 6

Initials: 0

James Jones

AutoNav: Enabled

Stamps: 1

141 Pryor Street

Enveloped Stamping: Enabled

Purchasing & Contract Compliance, Suite 1168

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Atlanta, GA 30303

james.jones@fultoncountyga.gov

IP Address: 144.125.1.75

Record Tracking

Status: Original

12/5/2025 12:25:54 PM

Holder: James Jones

Location: DocuSign

Security Appliance Status: Connected

Pool: StateLocal

Storage Appliance Status: Connected

Pool: Fulton County Government

Location: Docusign

Signer Events

Signature

Timestamp

Quincy Collins

quincy@crmservicesllc.com

OWNER

Security Level: Email, Account Authentication (None)



Signature Adoption: Drawn on Device

Sent: 12/5/2025 12:50:36 PM

Using IP Address:

Viewed: 12/5/2025 12:59:20 PM

2600:1700:5bd0:f8a0:685a:9925:bca0:2a14

Signed: 12/5/2025 12:59:47 PM

Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 9/25/2018 8:56:27 AM

ID: 3e533105-a1da-4fa9-bf76-707c49081f5e

Completed

Sent: 12/5/2025 12:59:49 PM

James Jones

james.jones@fultoncountyga.gov

Assistant Purchasing Agent

BROWN & ROOT INDUSTRIAL SERVICESLLC

Security Level: Email, Account Authentication (None)

Using IP Address: 144.125.1.75

Viewed: 12/5/2025 1:32:08 PM

Signed: 12/5/2025 1:32:21 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Joseph Davis

joseph.davis@fultoncountyga.gov

Director

Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style

Sent: 12/5/2025 1:32:22 PM

Using IP Address:

Viewed: 12/7/2025 12:32:13 PM

2600:1702:7490:78e0:a847:c375:374:f2eb

Signed: 12/7/2025 12:32:38 PM

Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 12/7/2025 12:32:13 PM

ID: bff63fc3-cee9-490d-bfcf-9e83a142c460

Signer Events	Signature	Timestamp
David Lowman david.lowman@fultoncountyga.gov Security Level: Email, Account Authentication (None)		Sent: 12/7/2025 12:32:39 PM Viewed: 12/8/2025 5:03:42 AM Signed: 12/8/2025 5:05:15 AM
Electronic Record and Signature Disclosure:		
Accepted: 12/8/2025 5:03:42 AM ID: 23f8dea6-6677-4d38-a613-71f9ddda51155		
Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)	Completed	Sent: 12/8/2025 5:05:16 AM Viewed: 12/8/2025 8:01:13 AM Signed: 12/8/2025 8:01:58 AM
	Using IP Address: 74.174.59.10	
Electronic Record and Signature Disclosure:		
Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8		
Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)		Sent: 12/8/2025 8:02:00 AM Viewed: 12/9/2025 6:42:57 AM Signed: 12/9/2025 6:43:07 AM
	Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10	
Electronic Record and Signature Disclosure:		
Accepted: 12/9/2025 6:42:57 AM ID: 5c49f7f4-67d6-4a75-90ff-6c06ca44f5d5		
Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)	 	Sent: 12/9/2025 6:43:09 AM Viewed: 12/9/2025 6:52:20 AM Signed: 12/9/2025 6:52:37 AM
	Signature Adoption: Uploaded Signature Image Using IP Address: 104.129.207.113	
Electronic Record and Signature Disclosure:		
Accepted: 10/27/2025 8:21:47 AM ID: 4889b84d-8ea3-4ba9-bf87-bf4c309e21ab		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@fultoncountyga.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 12/9/2025 6:52:40 AM Viewed: 12/9/2025 8:32:42 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
James Jones james.jones@fultoncountyga.gov Assistant Purchasing Agent BROWN & ROOT INDUSTRIAL SERVICESLLC Security Level: Email, Account Authentication (None)	COPIED	Sent: 12/9/2025 6:52:42 AM Resent: 12/9/2025 6:52:48 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/5/2025 12:50:36 PM
Certified Delivered	Security Checked	12/9/2025 6:52:20 AM
Signing Complete	Security Checked	12/9/2025 6:52:37 AM
Completed	Security Checked	12/9/2025 6:52:42 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

CONSUMER DISCLOSURE

From time to time, Carahsoft OBO Fulton County, Georgia (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Fulton County, Georgia:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: glenn.king@fultoncountyga.gov

To advise Carahsoft OBO Fulton County, Georgia of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at glenn.king@fultoncountyga.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Carahsoft OBO Fulton County, Georgia

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Fulton County, Georgia

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to glenn.king@fultoncountyga.gov and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were

able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC CONSUMER DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Fulton County, Georgia as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Fulton County, Georgia during the course of my relationship with you.