

AMENDMENT NO. 2 TO FORM OF CONTRACT

Contractor: **ReIMAGE General Contractors, LLC**

Contract No. **24RFP103124C-MH, General Landscaping and Lawn Care Services
for Countywide Facilities**

Address: **4355 Cobb Parkway, Suite J-118**
City, State **Atlanta, GA 30339**

Telephone: **(404) 382-7490**

E-mail: reimagegeneralcontractorsl@gmail.com

Contact: **Monica Cainon**
Owner

W I T N E S S E T H

WHEREAS, Fulton County ("County") entered into a Contract with ReIMAGE General Contractors, LLC, to provide General Landscaping and Lawn Care Services for Countywide Facilities, dated 1st day of June 2025, on behalf of the Department of Real Estate and Asset Management; and

WHEREAS, the purpose of this amendment is to add (A) North Fulton Sites which consists of 26 Countywide facilities/properties to the existing contract and to assume the full landscape maintenance responsibilities beginning in 2026.

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 October 15, 2025, BOC Items #25-0785.

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

This Amendment No.2 to Form of Contract is effective as of the 1st day of October 2025, between the County and ReIMAGE General Contractors, 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: To assume full landscape maintenance responsibilities beginning January 1, 2026, in providing comprehensive grounds and turf management program to include routine landscape maintenance, design and installation, arborist, and landscape architect services for (A) North Fulton Sites:

1	ADTC	14	Peachtree Library
2	Alpharetta Library	15	Roswell Library
3	Buckhead Library	16	Sandy Springs Library
4	Dorothy Benson Senior Ctr	17	Turner Field Lots (R/Y/B/S)
5	East Roswell Library	18	Water Resources Building
6	Milton Library	19	Iman Park
7	Morgan Falls Cell Tower Site	20	Silver Lot 1
8	North Fulton Health	21	Silver Lot 2
9	NE/Spruill Oaks Library	22	Silver Lot 3
10	North Annex	23	Brown Lot
11	North Training Center	24	Yellow Lot
12	Northside Library	25	Red Lot
13	Ocee Library	26	Warehouse 79 Milton Ave

2. **COMPENSATION:** The not to exceed compensation for Amendment No. 2 services described herein under Scope of Work to include (A) North Fulton Sites shall be included in the approval of #24RFP103124C-MH General Landscaping and Lawncare Services Renewal No 1.
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

Signed by:

Robert L. Pitts

14E1B4AA5E6A44A...

Robert L. Pitts, Chairman
Fulton County Board of Commissioners

CONSULTANT:

**REIMAGE GENERAL CONTRACTORS,
LLC**

DocuSigned by:

Monica Cainon

7436F7B0F87E4C1...

Monica Cainon,
Owner

ATTEST:

Signed by:

Tonya R. Grier

EEC476C4837648D...

Tonya R. Grier
Clerk to the Commission

Signed by:



(Affix County Seal)

APPROVED AS TO FORM:

Signed by:

David Lowman

9EC92EDABEFD4B8...

Office of the County Attorney

APPROVED AS TO CONTENT:

Signed by:

Joseph Davis

B20354A88008422...

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

ITEM#: _____ RM: _____ REGULAR MEETING	ITEM#: 25-0785A 2nd RM: 10/15/2025 SECOND REGULAR MEETING
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CERTIFICATE OF INSURANCE





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 Salmen Insurance Services, Inc. 3250 Grey Hawk Ct Carlsbad CA 92010	CONTACT NAME: Customer Service Department PHONE (A/C, No, Ext): (866) 872-5636 FAX (A/C, No): (866) 472-5636 E-MAIL ADDRESS: Certificates@salmeninsurance.com <table style="width: 100%;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Evanston Insurance Co</td> <td>35378</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Evanston Insurance Co	35378	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Evanston Insurance Co	35378														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Reimage General Contractors LLC 3715 Northside Parkway Northwest Bldg 100, Ste 500 Atlanta GA 30327															

COVERAGES**CERTIFICATE NUMBER:** GL/XS 25-26**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	ADDL 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3AA929330	08/22/2025	08/22/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	AUTOMOBILE LIABILITY <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EZXS3213114	08/22/2025	08/22/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Verification of Coverage

Subject to all policy terms, exclusions and conditions. Certificates issued outside of the Insured's domiciled state may not reflect coverage availability

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Govt ATTN: Purchasing and Contract
 Compliance Department
 130 Peachtree St, SW, Ste 1169
 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

Phillip Salvaggio

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 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 AUTOMATIC DATA PROCESSING INS AGCY 76250872 1 ADP BLVD M/S 625 ROSELAND NJ 07068	CONTACT NAME:	
	PHONE (800) 524-7024 (A/C, No, Ext):	FAX (800) 524-4013 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC#	
INSURED REIMAGE GENERAL CONTRACTORS LLC 3715 NORTHSIDE PKWY NW BLDG 100-350 ATLANTA GA 30327-2811	INSURER A: Trumbull Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	76 WEG BR2NZZ	06/01/2025	06/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

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

Those usual to the Insured's Operations. RE: General Landscaping and Lawncare Services for Countywide Facilities.

CERTIFICATE HOLDER

Fulton County Government ATTN:
 Purchasing and Contract Compliance
 Department
 130 PEACHTREE ST SW STE 1168
 ATLANTA GA 30303-3443

CANCELLATION

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

Susan L. Castaneda

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2025

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PRODUCER Business Owners Liability Team, LLC PO Box 105608 Atlanta GA 30348-5608	CONTACT NAME: House Account PHONE (A/C, No, Ext): (800) 216-4171 FAX (A/C, No): (860) 777-2621 E-MAIL ADDRESS: support@boltinsurance.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: State Auto Mutual</td> <td>25135</td> </tr> <tr> <td>INSURER B: Hiscox Ins Co Inc</td> <td>10200</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: State Auto Mutual	25135	INSURER B: Hiscox Ins Co Inc	10200	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: State Auto Mutual	25135														
INSURER B: Hiscox Ins Co Inc	10200														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED Reimage General Contractors LLC 3715 Northside Pkwy NW Bldg 10 Suite J Atlanta GA 30327															

COVERAGES**CERTIFICATE NUMBER:** CL256377486**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		Y	10078191CA	06/02/2025	06/02/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Professional Liability Contractors Pollution Liability			ANE5330370.25	05/01/2025	05/01/2026	Each Claim \$1,000,000 Aggregate \$1,000,000 CPL Each Claim \$1,000,000

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

Certificate holder is additional insured with respect to Automobile Liability where required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Fulton County Government ATTN: Purchasing and Contract
 Compliance Department
 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

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Certificate Of Completion

Envelope Id: C5943D70-C826-49FB-81A9-44BBC76BC592

Status: Completed

Subject: Contract Amendment 2- ReIMAGE General Contractors Landscaping 24RFP103124C-MH (A) 25-0785 10/15/25

Parcel ID:

Employee Name:

Source Envelope:

Document Pages: 7

Certificate Pages: 6

AutoNav: Enabled

Envelopeld Stamping: Enabled

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

Signatures: 5

Initials: 0

Stamps: 1

Envelope Originator:

Mark Hawks

141 Pryor Street

Purchasing & Contract Compliance, Suite 1168

Atlanta, GA 30303

mark.hawks@fultoncountyga.gov

IP Address: 144.125.34.76

Record Tracking

Status: Original

10/16/2025 7:06:02 AM

Security Appliance Status: Connected

Storage Appliance Status: Connected

Holder: Mark Hawks

mark.hawks@fultoncountyga.gov

Pool: StateLocal

Pool: Fulton County Government

Location: DocuSign

Location: Docusign

Signer Events

Monica Cainion

Relmagegeneralcontractors@gmail.com

Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

Monica Cainion

7436F7B0F87E4C1...

Signature Adoption: Pre-selected Style

Using IP Address:

2601:c4:c581:33c0:9c33:e8ac:2cff:7e44

Timestamp

Sent: 10/16/2025 7:09:36 AM

Viewed: 10/16/2025 7:10:08 AM

Signed: 10/17/2025 11:34:47 AM

Electronic Record and Signature Disclosure:

Accepted: 10/17/2025 11:33:37 AM

ID: 6d6f3eb9-b6db-4973-9eeb-bdd1a229c506

Joseph Davis

joseph.davis@fultoncountyga.gov

Director

Security Level: Email, Account Authentication (None)

Signed by:

Joseph Davis

B20354A88008422...

Signature Adoption: Pre-selected Style

Using IP Address: 2600:387:f:223::2

Signed using mobile

Sent: 10/17/2025 11:34:49 AM

Viewed: 10/17/2025 11:47:38 AM

Signed: 10/17/2025 11:47:47 AM

Electronic Record and Signature Disclosure:

Accepted: 10/17/2025 11:47:38 AM

ID: c8fe5998-a11e-47fd-8f14-060218b5e1da

David Lowman

David.Lowman@fultoncountyga.gov

Security Level: Email, Account Authentication (None)

Signed by:

David Lowman

0EC92EDADEFB4B8...

Signature Adoption: Pre-selected Style

Using IP Address: 67.191.186.172

Sent: 10/17/2025 11:47:48 AM

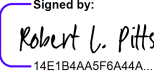


Viewed: 10/17/2025 11:49:19 AM

Signed: 10/17/2025 11:50:30 AM

Electronic Record and Signature Disclosure:

Accepted: 10/17/2025 11:49:19 AM

ID: 209f76f5-19f0-4e74-92b1-41d126c84422

Signer Events	Signature	Timestamp
<p>Nikki Peterson nikki.peterson@fultoncountyga.gov Chief Deputy Clerk to the Board of Commissioners Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 11/27/2017 10:39:37 AM ID: b7ce88ee-0c66-4f3a-bfee-705e0af602d8</p>	<p>Completed</p> <p>Using IP Address: 104.129.207.88</p>	<p>Sent: 10/17/2025 11:50:31 AM Viewed: 10/21/2025 12:58:10 PM Signed: 10/21/2025 12:58:51 PM</p>
<p>Robert L. Pitts harriet.thomas@fultoncountyga.gov Chairman Fulton County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 10/27/2025 7:14:31 AM ID: fd604a5e-5e8b-4727-b9ec-792ab3190c9c</p>	<p>Signed by:  14E1B4AA5F6A44A...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 74.174.59.10</p>	<p>Sent: 10/21/2025 12:58:53 PM Resent: 10/24/2025 2:41:02 PM Viewed: 10/27/2025 7:14:31 AM Signed: 10/27/2025 7:14:40 AM</p>
<p>Tonya Grier tonya.grier@fultoncountyga.gov Clerk to the Commission Fulton County Government Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 3/16/2018 7:54:59 AM ID: f3f241e8-3027-4447-9476-6cf20ae25dd4</p>	<p>Signed by:  EEC476C4837648D...</p> <p></p> <p>Signature Adoption: Uploaded Signature Image Using IP Address: 134.231.232.249</p>	<p>Sent: 10/27/2025 7:14:42 AM Viewed: 10/27/2025 8:13:29 AM Signed: 10/27/2025 8:14:10 AM</p>
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
<p>Khandi Flowers khandi.flowers@fultoncountyga.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>COPIED</p>	<p>Sent: 10/27/2025 8:14:13 AM</p>
<p>Harry Jordan harry.jordan@fultoncountyga.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Accepted: 10/11/2023 7:29:22 AM ID: ec358950-fb77-42fa-8eaa-e8c74aa6b034</p>	<p>COPIED</p>	<p>Sent: 10/27/2025 8:14:14 AM</p>

Carbon Copy Events	Status	Timestamp
Dian DeVaughn dian.devaughn@futoncountyga.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 10/27/2025 8:14:15 AM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/16/2025 7:09:36 AM
Certified Delivered	Security Checked	10/27/2025 8:13:29 AM
Signing Complete	Security Checked	10/27/2025 8:14:10 AM
Completed	Security Checked	10/27/2025 8:14:15 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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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.

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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

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