

**AMENDMENT NO. 4 TO AGREEMENT FOR PROFESSIONAL LEGAL SERVICES
(CONTRACT NO. BC-07-135)**

This Amendment No. 4 hereby amends the Agreement dated March 6, 2007 between the County of Santa Barbara, a political subdivision of the State of California (hereafter COUNTY), and Ice Miller LLP (hereafter ATTORNEY), as previously amended.

WHEREAS, ATTORNEY has been providing federal tax law advice and assistance to COUNTY, including, among other services, submitting retirement plan determination letter and Voluntary Compliance Program filings with the Internal Revenue Service (IRS) on behalf of COUNTY; and

WHEREAS, COUNTY finds it necessary to have ATTORNEY continue its specialized legal services for COUNTY, including, but not limited to, working with COUNTY and the IRS to resolve any retiree health issues and plan document issues as part of the above-described filings; and

WHEREAS, the Agreement was set to expire on December 31, 2012, and the parties wish to extend the term of the Agreement;

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the COUNTY and ATTORNEY hereby amend the Agreement as follows:

Section 4, Term, is replaced by the following: ATTORNEY shall commence performance on January 1, 2007 and end performance upon completion, but no later than December 31, 2014 unless otherwise directed by COUNTY or unless earlier terminated. The listed hourly rates in the Agreement shall remain the same throughout the revised term of the Agreement.

All other terms remain in full force and effect.

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Amendment No. 4 to Agreement for Professional Legal Services between the County of Santa Barbara and Ice Miller LLP.

IN WITNESS WHEREOF, the parties have executed this Amendment No. 4 to be effective on the date executed by COUNTY.

COUNTY OF SANTA BARBARA


By: _____
Chair, Board of Supervisors

Date: _____

ATTEST:
CHANDRA L. WALLAR
CLERK OF THE BOARD

ATTORNEY:
ICE MILLER LLP


By: _____
Deputy Clerk

By: 
Mary Beth Braitman, Partner
TaxID Number: 35-0874357

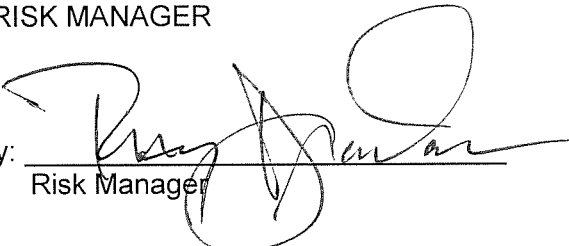
APPROVED AS TO FORM:
DENNIS A. MARSHALL
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W. GEIS, CPA
AUDITOR-CONTROLLER

By: 
Deputy County Counsel

By: 
Deputy
Deputy Auditor-Controller
Gregory Eric Levin
Advanced and Specialty Accounting

APPROVED AS TO FORM:
RAY AROMATORIO,
RISK MANAGER

By: 
Risk Manager

Contract Summary Form: Contract Number : BC-07-135

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$100,000). If less than (<\$100,000) submit a Purchasing Requisition to the Purchasing Division of General Services. See "online purchasing manual" under General Services, Purchasing, Policies and Procedures. Form not applicable to revenue contracts.

D1. Fiscal Year: FY 2007-08 to 2013-14
D2. Budget Unit Number (plus -Ship/-Bill codes in paren's) ..:
D3. Requisition Number.....:
D4. Department Name.....: County Counsel
D5. Contact Person.....: Anne Rierson
D6. Phone.....: 568-2950

K1. Contract Type (check one): [X] Personal Service [] Capital Project/Construction
K2. Brief Summary of Contract Description/Purpose: outside tax counsel
K3. Original Contract Amount.....: \$ 6,000.00
K4. Contract Begin Date: January 1, 2007
K5. Original Contract End Date.....: January 1, 2010
K6. Amendment History (leave blank if no prior amendments):

Table with 5 columns: Seq#, EffectiveDate, ThisAmndtAmt, CumAmndtToDate, NewTotalAmt, NewEndDate, Purpose (2-4 words). Rows include Amend No. 1, 2, 3, and 4 with their respective amounts and dates.

K7. Department Project Number

B1. Is this a Board Contract? (Yes/No): Yes
B2. Number of Workers Displaced (if any).....: n/a
B3. Number of Competitive Bids (if any): n/a
B4. Lowest Bid Amount (if bid): \$n/a
B5. If Board waived bids, show Agenda Date:
B6. ... and Agenda Item Number: #
B7. Boilerplate Contract Text Unaffected? (Yes / or cite ¶¶) : No notable changes

F1. Encumbrance Transaction Code: 1701
F2. Current Year Encumbrance Amount: \$
F3. Fund Number.....: 0001
F4. Department Number.....: 13
F5. Division Number (if applicable):
F6. Account Number:
F7. Cost Center number (if applicable).....:
F8. Payment Terms.....: Net 30

V1. Vendor Numbers (A=uditor; P=urchasing):
V2. Payee/Contractor Name.....: Ice Miller LLP
V3. Mailing Address: One American Square, Suite 3100
V4. City State (two-letter) Zip (include +4 if known): Indianapolis, IN 46282-0200
V5. Telephone Number.....: 317-236-2413
V6. Contractor's Federal Tax ID Number (EIN or SSN): 35-0874357
V7. Contact Person.....: Mary Beth Braitman
V8. Workers Comp Insurance Expiration Date: 12/31/12
V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) ..: G 12/31/12; P 1/01/13 (self-insured retention \$1,000,000)
V10. Professional License Number: #3872 49
V11. Verified by (name of County staff): Anne Rierson
V12. Company Type (Check one): [] Individual [] Sole Proprietorship [X] Partnership [] Corporation

I certify: information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date : November 28, 2012 Authorized Signature: [Handwritten Signature]