

D1. Fiscal Year : FY 2007, 2008
 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 : 568-3246

K1. Contract Type (check one): 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):

<u>Seq#</u>	<u>EffectiveDate</u>	<u>ThisAmndtAmt</u>	<u>CumAmndtToDate</u>	<u>NewTotalAmt</u>	<u>NewEndDate</u>	<u>Purpose (2-4 words)</u>
Amend No. 1	6/5/07	\$125,000	\$ 131,000	\$		add services to SOW

 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..... : 12/31/07,
 V9. Liability Insurance Expiration Date[s] (G=enl; P=rofl) : G 12/31/07; P 1/01/08
 V10. Professional License Number : #
 V11. Verified by (name of County staff) : Anne Rierson
 V12. Company Type (Check one): Individual Sole Proprietorship Partnership Corporation

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

Date : Authorized Signature..... : May 22, 2007

Co of SB Std Terms Ver 10-01-01)