

CHOICE

Regional Health Network

1217 4th Ave E., Suite 200 | Olympia, WA 98506

www.crhn.org | info@crhn.org

360.539.7576

November 28, 2022

Enclosed is the FY 2023 Dues Addendum A to the Membership Agreement with CHOICE Regional Health Network. Please sign at your earliest convenience. You will receive a fully executed copy once JP Anderson has signed.

Please do not make any payments at this time. Invoices will be mailed separately, at the beginning of each fiscal quarter, with the first quarter invoice following full execution of this Dues Addendum A.

If you have any questions regarding the Dues Addendum A for FY 2023, please contact the finance department finance@crhn.org.

Thank you for your continued commitment and support of CHOICE Regional Health Network.

Sincerely,

Alexys Douglas
Finance Manager

ADDENDUM A - DUES

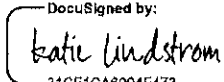
Membership Dues:

For the period October 1, 2022, through September 30, 2023, the Member agrees to pay CHOICE membership dues in the amount of \$1,074.00, payable in quarterly amounts of \$ 268.50 due within thirty (30) days of invoice. Dues are calculated at 0.1077% of the Member's 2018 operating revenue as reported by the Member.

IN WITNESS WHEREOF, by placing their duly authorized signatures below, the parties hereby execute this addendum and agree to be bound by its terms.

Pacific County Public Health

DocuSigned by:



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Signature

Katie Lindstrom

Name

Director, Pacific County Public Health

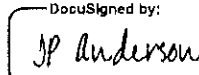
Title

12/7/2022

Date Signed

CHOICE Regional Health Network

DocuSigned by:



D06AF8E1B1CA410...

Signature

JP Anderson

Name

CEO

Title

12/7/2022

Date Signed