INVITATION TO BID NO: 2207486 ADDENDUM NO: 01

STATE OF ALABAMA

DEPTARTMENT OF FINANCE
DIVISION OF PURCHASING

INVITATION TO BID ADDENDUM

FOR: LANGUAGE LINE/ITB

REQ. AGENCY	: 062000 ALABAMA MEDICAID AGENCY
AGENCY REQ. NO.	: 068100
T-NUMBER	: TA965
DATE ISSUED	: 07/29/09
VENDOR NO.	:
VENDOR PHONE NO.	:
SNAP REQ. NO.	: 1418077
BUYER NAME	: RAY BRESSLER
BUYER PHONE NO.	: (334) 242-4670

BID MUST BE RECEIVED BEFORE:
DATE: 08/20/09 TIME: 5:00 PM

BIDS WILL BE PUBLICLY OPENED:
DATE: 08/21/09 TIME: 10:00 AM

PLEASE READ ALL INSTRUCTIONS CAREFULLY

THE FOLLOWING CHANGES ARE HEREBY ADDED TO AND MADE A PART OF
(INVITATION TO BID NUMBER 2207486)

PLEASE ADD THE FOLLOWING PARAGRAPH TO THIS ITB.

CONTRACT PERIOD:
ESTABLISH A 12 MONTH CONTRACT WITH AN OPTION TO EXTEND FOR A SECOND THIRD, FOURTH AND FIFTH 12 MONTH PERIOD WITH THE SAME PRICING, TERMS AND CONDITIONS. THE SECOND, THIRD, FOURTH OR FIFTH 12 MONTH PERIOD, IF AGREED BY BOTH PARTIES, WOULD BEGIN THE DAY AFTERTHE FIRST, SECOND, THIRD OR FOURTH 12 MONTH PERIOD EXPIRES. AN SUCCESSIVE EXTENSION MUST HAVE WRITTEN APPROVAL OF BOTH THE STATE AND VENDOR NO CLATER THAN 30 DAYS PRIOR TO EXPIRATION OF THE PREVIOUS 12 MONTH PERIOD.

ALSO, REPLACE LOIS BREWER WITH CONTACT SHIRLEY GADDIS (334-353-4730) ON PAGE 8 OF THIS BID.

PLEASE RETURN THIS ADDENDUM WITH YOUR BID. THE BID RETURN AND BID OPEN DATES ARE NOT CHANGED.

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STATEMENT OF UNDERSTANDING

I UNDERSTAND THE ADDENDUM AND THAT IT MUST BE SIGNED IN INK AND RETURNED (UNLESS INDICATED OTHERWISE) WITH THE BID OR SEPARATELY, PROPERLY IDENTIFIED AND RECEIVED PRIOR TO DATE AND TIME SPECIFIED.

ADDENDUM NOTARIZATION NOT REQUIRED

COMPANY NAME	AUTHORIZED SIGNATURE (INK)
MAIL ADDRESS	TYPE/PRINT AUTHORIZED NAME
CITY, STATE, ZIP	
PHONE INCLUDING AREA CODE	