STATE OF NEW HAMPSHIRE
BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX - ROOM 102
25 CAPITOL ST
CONCORD NH 03301-6398

DATE: 1/23/19

CONTRACT #: 8002432

NIGP CODE: 936-3376

CONTRACT FOR: Kitchen Fire Suppression System Testing, Maintenance & Inspection

CONTRACTOR: Impact Fire Services, LLC

VENDOR CODE #: 299934

SUBMITTED FOR ACCEPTANCE BY:

ERICA BRISSOM, PURCHASING AGENT
BUREAU OF PURCHASE AND PROPERTY

DATE 1/24/19

RECOMMENDED FOR ACCEPTANCE BY:

PAUL RHODES, ADMINISTRATOR III
BUREAU OF PURCHASE AND PROPERTY

DATE 1/24/19

APPROVED FOR ACCEPTANCE BY:

GARY LUNETTA, DIRECTOR
DIVISION OF PROCUREMENT & SUPPORT SERVICES

DATE 1/25/19

ACCEPTED FOR THE STATE OF NEW HAMPSHIRE UNDER THE AUTHORITY GRANTED TO ME BY NEW HAMPSHIRE REVISED STATUTES, ANNOTATED 21-1:14, XII.

CHARLES M. ARLINGHAUS, COMMISSIONER
DEPARTMENT OF ADMINISTRATIVE SERVICES

DATE 1-25-19

Revised 11/6/17 PAR
FIRST AMENDMENT TO THE CONTRACT
BETWEEN IMPACT FIRE SERVICES, LLC
AND
THE STATE OF NEW HAMPSHIRE, DEPARTMENT OF ADMINISTRATIVE SERVICES,
FOR FIRE SUPPRESSION SYSTEM TESTING SERVICES
CONTRACT # 8002432

This First Amendment (hereinafter referred to as the “Amendment”), dated this ___ day of January, 2019, is by and between the State of New Hampshire, Department of Administrative Services (hereinafter referred to as “the State”) and Impact Fire Services, LLC. (hereinafter referred to as “the Contractor”) for Kitchen Fire Suppression System Testing, Maintenance & Inspection Services.

WHEREAS, pursuant to an agreement effective January 1, 2019 set to expire December 31, 2021, (hereinafter referred to as “the Agreement”), the Contractor agreed to perform certain kitchen suppression system testing, maintenance & inspection services for the State in consideration of payment by the State of certain sums as specified therein; and

WHEREAS, pursuant to Section 18 of the Agreement, the Agreement may be amended by an instrument in writing executed by both parties;

NOW, THEREFORE, for and in consideration of the mutual promises set forth in this Amendment and the underlying Agreement, the parties do mutually agree as follows:

1. Delete in its entirety Form Number P-37, item 1.3 – Contractor Name and substitute the following:
   1.3 Impact Fire Services, LLC.

2. All other provisions of the Agreement, approved by the Commissioner, Department of Administrative Services on November 1, 2018, shall remain in full force and effect.
IMPACT FIRE SERVICES, LLC.

By: ______________________
    Ron Brassard
    (Print Name)

Title: ______________________
      Regional General Manager

Date: ______________________
      January 22, 2019

NOTARY PUBLIC/JUSTICE OF THE PEACE

On the 22____ day of January , 2019,
There appeared before me, the state and countyforesaid a person who satisfactorily identified himself as

Ron Brassard

And acknowledge that he executed this document indicated above.

In witness thereof, I hereunto set my hand and official seal.

________________________
(Notary Public/Justice of the Peace)

My commission expires:

________________________
      5-4-21
      (Date)

MELISSA M. GOUVEIA, Notary Publla
by Commission Expires May 4, 2021
CERTIFICATE OF AUTHORITY/VOTE
(Limited Liability Company)

1. Ron Brassard, Regional General Manager
   (Name of Sole Member/Manager of Limited Liability Company, Contract Signatory, Print Name)
   hereby certify that:

1. I am the Sole Member/Manager of the Company of Impact Fire Services
   (Name of Limited Liability Company)

2. I hereby further certify and acknowledge that the State of New Hampshire will rely on this certification as
   evidence that I have full authority to bind Impact Fire Services
   (Name of Limited Liability Company)

   and that no corporate resolution, shareholder vote, or other document or action is necessary to grant me such
   authority.

   __________________________
   (Contract Signatory - Signature)

   January 22, 2019
   (Date)

STATE OF New Hampshire
COUNTY OF Hillsborough

On this the 23rd day of January 2019, before me Melissa Gouveia
(Name of Notary Public / Justice of the Peace)

the undersigned officer, personally appeared Ron Brassard
(Contract Signatory, Print Name)

satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged
that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand
and official seal.

__________________________
(Notary Public / Justice of the Peace - Signature)

Commission Expires: 5/4/21

MELISSA M. GOUVEIA, Notary Public
My Commission Expires May 4, 2021
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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).

**COVERAGE**

<table>
<thead>
<tr>
<th>INSURER(S) AFFORDING COVERAGE</th>
<th>NAIC #</th>
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<tbody>
<tr>
<td>INSURER A: Tokio Marine Specialty Insurance Company</td>
<td>23850</td>
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<tr>
<td>INSURER B: Philadelphia Indemnity Insurance Company</td>
<td>18058</td>
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<td>INSURER C: Technology Insurance Company, Inc</td>
<td>42376</td>
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<tr>
<td>INSURER D: Columbia Casualty Company</td>
<td>31127</td>
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**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.

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<thead>
<tr>
<th>INSR LTR</th>
<th>TYPE OF INSURANCE</th>
<th>ADJL SUBR INSD WWD</th>
<th>POLICY NUMBER</th>
<th>POLICY EFF (MM/DD/YYYY)</th>
<th>POLICY EXP (MM/DD/YYYY)</th>
<th>LIMITS</th>
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<tr>
<td>A</td>
<td>COMMERCIAL GENERAL LIABILITY</td>
<td>CLAIMS-MADE</td>
<td>X OCCUR</td>
<td>PPK1776205</td>
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<td>Commercial General Liability</td>
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<td>B</td>
<td>AUTOMOBILE LIABILITY</td>
<td>SCHEDULED AUTOS</td>
<td>X NONOWNED AUTOS ONLY</td>
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<td>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td>
<td>X PER STATUTE</td>
<td>OTHER WAIVER</td>
<td>TWC3696603</td>
<td>02/14/2018</td>
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<td>ANY PROPRIETORS PARTNER/EXECUTIVE OR EMPLOYEE EXCLUDED (Mandatory in NY)</td>
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<td>02/14/2019</td>
<td>Pollution Liab Incl. 5,000,000</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

***NOTE - Tri-State Fire Protection, LLC. EFFECTIVE DATES OF COVERAGE ON ALL LINES: 03/08/2018 TO 02/14/2019***

CERTIFICATE HOLDER

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

***FOR INFO ONLY***
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that IMPACT FIRE SERVICES, LLC is a Delaware Limited Liability Company registered to transact business in New Hampshire on December 03, 2018. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 808148
Certificate Number: 0004386964

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 22nd day of January A.D. 2019.

William M. Gardner
Secretary of State