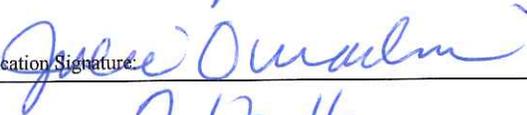




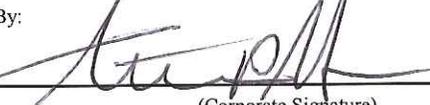
IN WITNESS WHEREOF, STATE has caused this Supplemental Agreement/Contract Amendment to be duly executed on its behalf and CONSULTANT has caused the same to be duly executed on its behalf.

This Supplemental Agreement/Contract Amendment may be executed in counterpart; once all parties have signed on one or separate copies, a copy signed by one party is binding on that party same as if signed by all remaining parties.

1. **STATE ENCUMBRANCE VERIFICATION**  
Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

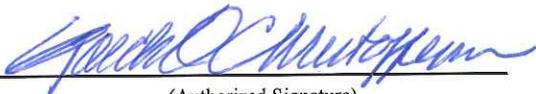
SWIFT Order Number :	N/A
Certification Signature:	
Date:	7.12.16

2. **CONSULTANT: Industrial Hygiene Services Corporation**  
CONSULTANT certifies that the appropriate person(s) have executed the Agreement on behalf of the CONSULTANT as required by applicable articles, by-laws, resolutions, or ordinances.

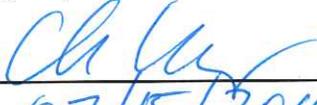
By:	
	(Corporate Signature)
Printed Name:	Timothy P. Huber
Title:	President/Owner
Date:	07/06/16

By:	_____
	(Corporate Signature)
Printed Name:	
Title:	
Date:	

3. **STATE AGENCY: Department of Administration**  
Contract approval and certification that state funds have been encumbered as required by Minnesota Statutes §§ 16A.15 and 16C.05.

By:	
	(Authorized Signature)
Printed Name:	Gordon Christofferson
Title:	Project Operations Manager
Date:	7/12/16

4. **COMMISSIONER OF ADMINISTRATION**, as delegated to  
Materials Management Division:

By: (Authorized Signature)	
Date:	07/15/2016

40492

Distribution:

Agency – Original (fully executed) Contract  
Department of Administration  
Contractor  
State Authorized Representative