SECOND AMENDMENT TO FISCAL AGREEMENT

THIS SECOND AMENDMENT ("Amendment") to the Fiscal Agreement ("Agreement") is made and entered into by and between MultiCare Health System ("MHS"), a nonprofit corporation formed under the laws of the State of Washington and Pierce County Public Transportation Benefit Area Corporation d/b/a Pierce Transit ("Contractor"). MHS and Contractor are sometimes referred to in this Second Amendment individually as "Party" or, collectively, as the "Parties."

WHEREAS the Parties have previously entered into a Fiscal Agreement dated January 1, 2017;

WHEREAS the Agreement was amended through mutually agreed upon amendments dated November 16, 2017;

WHEREAS the Parties wish to further revise the Agreement to extend the date of the Agreement;

Now, therefore, in consideration of the mutual benefits, promises, payments and undertakings of the Parties, it is hereby agreed that:

- SA-1. In accordance with Section 4 & Section 16 of the Agreement, the term is hereby extended for one (1) year, commencing January 1, 2019 and ending on December 31, 2019.
- SA-2. Except as set forth in this Second Amendment, all terms and conditions of the Agreement, as previously amended, shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties hereto have executed this Second Amendment effective as of the last date shown below.

By:	MultiCare Health System:	By:	Contractor: Pierce County Public Transportation Benefit Area Corporation d/b/a Pierce Transit
Print Name:	Lynn Siedenstrang	Print Name:	Sue Dreier
Title:	VP-Care Continuum	Title:	CEO
Date:		Date:	11 1 1 1 1 1 1 8
Designated Representative: Designated	MultiCare's Contact Information: Jane Hanson	Designated Representative: Designated	Contractor's Contact Information: Dana Henderson General Counsel
Representative Title:	Manager - Community Programs	Representative Title:	
Address:	PO Box 5299	Address:	3701 96th St. SW
	Tacoma, Washington 98415		Lakewood, WA 98499
Telephone:	253-459-7222	Telephone:	253-777-4977
Facsimile: E-mail address:	Jane.Hanson@multicare.org	Facsimile: E-mail address: Contractor's EIN	dehenderson@piercetransit.org
Copy to Email:	ContractSupport@multicare.org	(or UBI) No.:	