



CONTRACT AMENDMENT

1. AMENDMENT #: 2	2. CONTRACT NUMBER: YH26-0041 / CTR078912	3. EFFECTIVE DATE OF AMENDMENT: May 1, 2026	4. PROGRAM: OGC
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: Coppersmith Brockelman PLC 2800 N. Central Avenue, Suite 1900 Phoenix, AZ 85004			
6. PURPOSE: To increase the Not to Exceed budget and extend the contract for another one-year term.			

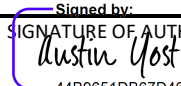
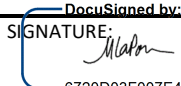
7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

- A. Scope of Work, Section 14.6.2, Total Compensation, subsection 14.6.2 is amended to increase the Not to Exceed (NTE) amount from \$100,000 by \$100,000, for a new NTE total of \$200,000, effective May 1, 2026.
- B. Special Terms and Conditions, Section 5, Term of Contract, is amended for another one-year term, from October 1, 2026 through September 30, 2027.

Electronic Submission: An electronic portable document file (PDF) copy of this amendment shall serve as the original.

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT, NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.

IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.

9. NAME OF CONTRACTOR/PROVIDER: Coppersmith Brockelman PLC	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
Signed by: SIGNATURE OF AUTHORIZED INDIVIDUAL:  44B9651DB67D463...	DocuSigned by: SIGNATURE:  6720D03F007E4A8...
TYPED NAME: Austin Yost	TYPED NAME: Meggan LaPorte
TITLE: Partner	TITLE: Chief Procurement Officer
DATE: 5/8/2026	DATE: 5/8/2026

Certificate Of Completion

Envelope Id: 81521FC4-E601-86CE-80FF-E6421D7FB014

Status: Completed

Subject: Complete with Docusign: YH26-0041 Contract Amend 2 Coppersmith Brockelman PLC.docx

Source Envelope:

Document Pages: 1

Signatures: 2

Envelope Originator:

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Signer Events

Meggan LaPorte

Meggan.LaPorte@azahcccs.gov

Chief Procurement Officer

AHCCCS

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:


6720D03F007E4A8...

Timestamp

Sent: 5/6/2026 7:45:05 AM

Viewed: 5/8/2026 4:03:44 PM

Signed: 5/8/2026 4:03:48 PM

Signature Adoption: Uploaded Signature Image
Using IP Address: 68.109.130.52

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Austin Yost

ayost@cblawyers.com

Partner

Coppersmith Brockelman PLC

Security Level: Email, Account Authentication
(None)

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44B9651DB67D463...

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Viewed: 5/8/2026 4:04:29 PM

Signed: 5/8/2026 4:04:51 PM

Signature Adoption: Pre-selected Style
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Electronic Record and Signature Disclosure:

Accepted: 5/8/2026 4:04:29 PM

ID: ea09598f-b1d8-461e-95eb-05381eabe92b

Company Name: Carahsoft OBO Arizona Health Care Cost Containment System

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Tracey Thomas

Tracey.Thomas@azahcccs.gov

Procurement Mgr

AHCCCS

Security Level: Email, Account Authentication
(None)

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Electronic Record and Signature Disclosure:

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Carbon Copy Events	Status	Timestamp
Vickie Asato vickie.asato@azahcccs.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 5/8/2026 4:04:51 PM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/6/2026 7:45:05 AM
Certified Delivered	Security Checked	5/8/2026 4:04:29 PM
Signing Complete	Security Checked	5/8/2026 4:04:51 PM
Completed	Security Checked	5/8/2026 4:04:51 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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From time to time, Arizona Health Care Cost Containment System (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Arizona Health Care Cost Containment System:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: anthony.flot@azahcccs.gov

To advise Arizona Health Care Cost Containment System of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at anthony.flot@azahcccs.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Arizona Health Care Cost Containment System

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Arizona Health Care Cost Containment System

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to anthony.flot@azahcccs.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Arizona Health Care Cost Containment System as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Arizona Health Care Cost Containment System during the course of your relationship with Arizona Health Care Cost Containment System.