



**AMENDMENT NO. 1**  
**PROFESSIONAL SERVICES AGREEMENT**

This Amendment to Professional Services Agreement ("**Amendment**") is effective as of the date of last signature below, and is between the City of Everett, a Washington municipal corporation (the "**City**"), and the Service Provider identified below ("**Service Provider**"). The City and Service Provider are parties to the Professional Services Agreement described below, as may have been previously amended ("**Agreement**"). In consideration of the covenants, terms and conditions set forth below, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the City and Service Provider agree to amend the Agreement as set forth below:

<b>Service Provider</b>	Halling Health Solutions LLC
<b>City Project Manager</b>	Cassie Christopher
	cchristopher@everettwa.gov
<b>Original Agreement Date</b>	1/27/2025

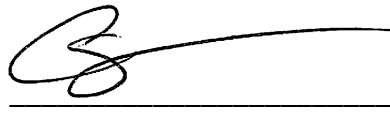
<b>AMENDMENTS</b>							
<b>New Completion Date</b>	If this Amendment changes the Completion Date, enter the new Completion Date: 1/26/2027  If no new date is entered, this Amendment does not change the Completion Date.						
<b>New Maximum Compensation Amount</b>	If this Amendment changes compensation, complete the following table. If the table is not completed, this Amendment does not change compensation.  <table border="1" style="width: 100%;"><tr><td style="width: 50%;">Maximum Compensation Amount Prior to this Amendment</td><td style="width: 50%;">Enter amount, if applicable</td></tr><tr><td>Compensation Added (or Subtracted) by this Amendment</td><td>Enter amount, if applicable</td></tr><tr><td><b>Maximum Compensation Amount After this Amendment</b></td><td>Enter amount, if applicable</td></tr></table>	Maximum Compensation Amount Prior to this Amendment	Enter amount, if applicable	Compensation Added (or Subtracted) by this Amendment	Enter amount, if applicable	<b>Maximum Compensation Amount After this Amendment</b>	Enter amount, if applicable
Maximum Compensation Amount Prior to this Amendment	Enter amount, if applicable						
Compensation Added (or Subtracted) by this Amendment	Enter amount, if applicable						
<b>Maximum Compensation Amount After this Amendment</b>	Enter amount, if applicable						

<b>Changes to Scope of Work</b>	Scope of Work is not changed by this Amendment	Leaving selection as "Click for Dropdown Menu" means no change to Scope of Work.
<b>Other Provisions</b>	Enter other changes to the Agreement, if any.	
		Regardless of the date(s) on which this Amendment is signed by the parties, and regardless of any Agreement completion date(s) that may have been in the Agreement prior to this Amendment, the parties agree that the Agreement is deemed continuously in effect since the Original Agreement Date.
		This Amendment may be signed in counterparts, each of which shall be deemed an original, and all of which, taken together, shall be deemed one and the same document. AdobeSign signatures are fully binding. Any ink, electronic, faxed, scanned, photocopied, or similarly reproduced signature on this Amendment will be deemed an original signature and will be fully enforceable as an original signature.
		All provisions in the Agreement shall remain in effect except as expressly modified by this Amendment. From and after the effective date of this Amendment, all references to the Agreement in the Agreement are deemed references to the Agreement as modified by this Amendment.

**SIGNATURES ON FOLLOWING PAGE**

IN WITNESS WHEREOF, the City and Service Provider have executed this Amendment.

**CITY OF EVERETT  
WASHINGTON**



Cassie Franklin, Mayor

12/10/2025

Date

ATTEST



Office of the City Clerk

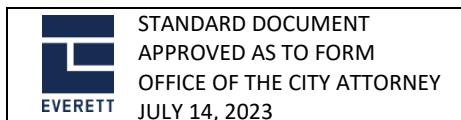
**HALLING HEALTH SOLUTIONS LLC**

Signature: 

Name of Signer: Alexa Halling

Signer's Email Address: alexa@hallinghealth.com

Title of Signer: Owner



# 2024-142 Nutrition Services Amendment 1\_112425\_SD

Final Audit Report

2025-12-10

Created:	2025-12-01
By:	Marista Jorve (mjorve@everettwa.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAg1brieAu37JI_ezmlCEVnqtjUD3xSLUj

## "2024-142 Nutrition Services Amendment 1\_112425\_SD" History

-  Document created by Marista Jorve (mjorve@everettwa.gov)  
2025-12-01 - 10:17:46 PM GMT
-  Document emailed to Theresa Bauccio (TBauccio@everettwa.gov) for approval  
2025-12-01 - 10:18:13 PM GMT
-  Email viewed by Theresa Bauccio (TBauccio@everettwa.gov)  
2025-12-01 - 10:48:35 PM GMT
-  Document approved by Theresa Bauccio (TBauccio@everettwa.gov)  
Approval Date: 2025-12-01 - 10:48:41 PM GMT - Time Source: server
-  Document emailed to Alexa Halling (alexa@hallinghealth.com) for signature  
2025-12-01 - 10:48:42 PM GMT
-  Email viewed by Alexa Halling (alexa@hallinghealth.com)  
2025-12-03 - 10:51:10 PM GMT
-  Email viewed by Alexa Halling (alexa@hallinghealth.com)  
2025-12-05 - 10:51:30 PM GMT
-  Email viewed by Alexa Halling (alexa@hallinghealth.com)  
2025-12-07 - 10:50:44 PM GMT
-  Document e-signed by Alexa Halling (alexa@hallinghealth.com)  
Signature Date: 2025-12-10 - 4:23:03 PM GMT - Time Source: server
-  Document emailed to Tim Benedict (TBenedict@everettwa.gov) for approval  
2025-12-10 - 4:23:06 PM GMT

 Email viewed by Tim Benedict (TBenedict@everettwa.gov)  
2025-12-10 - 5:09:22 PM GMT

 Document approved by Tim Benedict (TBenedict@everettwa.gov)  
Approval Date: 2025-12-10 - 5:13:57 PM GMT - Time Source: server

 Document emailed to Cassie Franklin (cfranklin@everettwa.gov) for signature  
2025-12-10 - 5:14:00 PM GMT

 Email viewed by Cassie Franklin (cfranklin@everettwa.gov)  
2025-12-10 - 5:25:47 PM GMT

 Document e-signed by Cassie Franklin (cfranklin@everettwa.gov)  
Signature Date: 2025-12-10 - 5:43:15 PM GMT - Time Source: server

 Document emailed to Marista Jorve (mjorve@everettwa.gov) for signature  
2025-12-10 - 5:43:16 PM GMT

 Document e-signed by Marista Jorve (mjorve@everettwa.gov)  
Signature Date: 2025-12-10 - 5:54:26 PM GMT - Time Source: server

 Agreement completed.  
2025-12-10 - 5:54:26 PM GMT