

**Washington State Health Care Authority
CONTRACT AMENDMENT**

1A. NAME OF CONTRACTOR Corporate Translation Services, Inc. – DBA CTS LanguageLink	2A. CONTRACT NUMBER K619
1B. ADDRESS OF CONTRACTOR 911 Main Street, Suite 10	2B. AMENDMENT 2
1C. CITY, STATE, ZIP CODE Vancouver, WA 98660	

3. THIS ITEM APPLIES ONLY TO BILATERAL AMENDMENTS
The Contract identified herein, including any previous amendments thereto, is hereby amended as set forth in item 5 below by mutual consent of all parties hereto.
4. THIS ITEM APPLIES ONLY TO UNILATERAL AMENDMENTS
The Contract identified herein, including any previous amendments thereto, is hereby unilaterally amended as set forth in item 5 below pursuant to the changes and modifications clause as contained therein.

5. DESCRIPTION OF AMENDMENT:

The following section of the Contract is replaced in its entirety, and the effective date of this amendment is the date of execution by both parties.

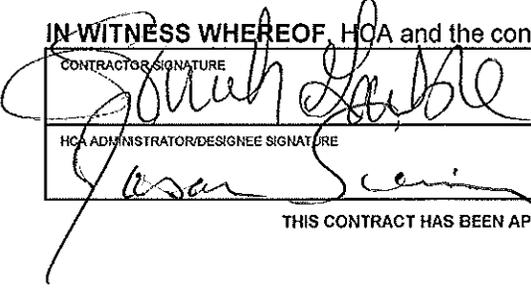
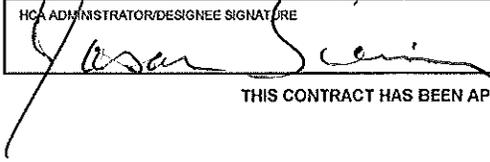
Section 6 (e) is replaced as follows:

6. Consideration

- (e) Rates for HCA Sign Language Interpreter Services is not to exceed \$80.00 per hour paid to Sign Language Interpreter.

6. This is a unilateral amendment. Signature of contractor is not required below.
 Contractor hereby acknowledges and accepts the terms and conditions of this amendment. Signature is required below.

IN WITNESS WHEREOF, HCA and the contractor have signed this agreement.

CONTRACTOR SIGNATURE 	DATE 12-17-12
HCA ADMINISTRATOR/DESIGNEE SIGNATURE 	DATE 12/27/12