

UNIVERSITY OF MINNESOTA

AMENDMENT # 1 TO CPS

Dispatch: Fax

Contractor #: 000000001 MINNEAPOLIS OXYGEN CO 3842 WASHINGTON AVE N MINNEAPOLIS, MN 55412 (F)612/626-6111 Email: FREES029@UMN.EDU	CPS 0000001748	Date 06/17/2008	Revision 1 - 06/19/2008	PAGE 1
	Include all digits on submitted invoice.			
	Payment Terms N30	Vendor Type Corporation		
Buyer Procurement Specialist 1	Phone 612/626-5500	Tax Exempt # 8029894		

Return To: Procurement Specialist 1 192 Pillsbury Drive SE Minneapolis, MN 55455 (P)612/626-5500	Contract Administrator: Frank Moon COFFMAN UNION STUDENT CENTER, 2ND FLOOR CAFE 300 WASHINGTON AVE MINNEAPOLIS, MN 55455 (F)612/664-3345 Federal Contract Funding? NO
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Below are the changes requested. Refer to original contract for entire order.

EXHIBIT A

SCOPE OF WORK

Term of Agreement: **Start Date:** 06/18/2008 and shall remain in effect until **End Date:** 06/30/2008

Line	Item/Description	Quantity	Unit Measure	Unit Price	Extended Amt
1	Adding funds for my contract.	1.00	LOT	31,500.00	31,500.00

See attached for additional details on scope of work
 See attached signed contract from vendor

TOTAL OBLIGATION:

The University's total obligation to Contractor under this agreement, including compensation for goods, services and reimbursable expenses, shall not exceed **\$31,500.00** without the prior written approval of the University.

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INSTRUCTIONS TO CONTRACTOR:

To finalize amendment, sign below and return to the address identified above. Once University approval is applied, the fully executed amendment will be returned to you and work may begin.

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the date specified above.

Regents of the University of Minnesota

By: _____
Name: _____
Title: _____
Date: _____

As required by law, the University will generate a 1099-MISC for fees and reimbursed expenses under this Agreement to individuals, sole proprietors, partnerships, and limited liability corporations. In these instances, the University will report to the IRS all amounts paid under this Agreement, including any expense reimbursements. Such expense reimbursements, may be deductible on the Contractor's tax return. Contractor should contact its tax adviser with questions or advice.

CONTRACTOR:

By: _____
Name: _____
Title: _____
Date: _____

NOTICES:

If to the University of Minnesota, see University of Minnesota Contract Administrator above unless instructed otherwise.

If to the Contractor, see Contractor address on page 1 of Contract unless instructed otherwise.