

**FISCAL FUNDING ADDENDUM**

HFS294436

**LESSEE INFORMATION**

Full Legal Name	COUNTY OF KITTITAS	DBA Name (If Any)	
Billing Address	205 W 5th	Phone (	509 9627516
City	ELLENSBURG	County	KITTITAS
		State	WA
		Zip	98926

**EQUIPMENT INFORMATION**

Equipment Location (If not same as above)			
City	County	State	Zip
QUANTITY	MODEL NO.	EQUIPMENT DESCRIPTION (ATTACH SCHEDULE IF NECESSARY)	
1	WC4118X	DIGITAL COPIER	
1	W5655PT	DIGITAL COPIER	

The above described COUNTY OF KITTITAS ("Lessee") warrants that it has funds available to pay rents ("Lease Payments") until the end of its current appropriation period. In the event its legislative body or funding authority does not appropriate funds to be paid to Lessor for the above described Equipment ("Equipment"), Lessee may, upon prior written notice to Lessor, effective 60 days after the giving of such notice or upon the exhaustion of the funding authorized for the then current appropriation period, whichever is later, return the Equipment to Lessor, at Lessee's expense; and thereupon, be released of its obligation to make all rental payments (Lease Payments) to Lessor due thereafter, provided: (1) The Equipment is returned to Lessor as provided for in the above described Lease ("Lease"), (2) the foregoing notice states the failure of the legislative body or funding authority to appropriate the necessary funds as reason for cancellation, and (3) the notice is accompanied by payment of all amounts then due to Lessor under the Lease.

In the event Lessee returns the Equipment pursuant to the terms of this Addendum, Lessor shall retain all sums paid hereunder by Lessee, including the Security Deposit (if any) specified in the Lease.

If the provisions of this Addendum are utilized by Lessee, Lessee agrees not to purchase, lease or rent any other functionally similar equipment for the balance of the Lease term following Lessee's exercise of its termination rights hereunder.

This Addendum will not be construed so as to permit the Lessee to terminate the Lease in order to acquire any other equipment or obtain funds directly or indirectly to perform essentially the same application for which the Equipment is intended.

**LESSEE SIGNATURE**

Signature X	
(MUST BE SIGNED BY AUTHORIZED AGENT, REPRESENTATIVE OR OFFICER OF GOVERNMENT ENTITY)	
Print Name	
Title	Date
For	COUNTY OF KITTITAS
	Name of Government Entity

**ACCEPTED BY LESSOR**

Signature X	
Title	Date
For	Legal Name of Corporation or Partnership