Amendment # 1

This is an Amendment to QPA 10361, Feminine Care Items entered into by and between IDOA on behalf of All State Agencies (hereinafter referred to as "State") and American Amenities (hereinafter referred to as "Contractor") dated 10/23/2007. In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree to amend the existing contract as follows:

QPA 10361 is amended to include item #:

00000000100010917 Pad,Maxi,Non-Vend,Super,12/24cs,Total Absorbency,134-160 Grams,Overall Weight 11.6-15 Grams,Overall Length 9"-9.6",Width 2.5"-3",Thickness .34"-7 Straight,non-idividually wrapped #00712

QPA 10372 with Elite Medical has been canceled per the vendor's request as they cannot supply the product at the price quoted on the bid package. American Amenities QPA 10361 is the next low bidder for this product.

All other matters previously agreed to and set forth in the original agreement and not affected by this Amendment shall remain in full force and effect.

Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that he/she is the contracting party, or that he/she is the representative, agent, member or officer of the contracting party, that he/she has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him/her, directly or indirectly, to the best of his/her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this agreement other than that which appears upon the face of the agreement.

In Witness Whereof, Contractor and the State of Indiana have, through duly authorized representatives, entered into this agreement. The parties having read and understand the foregoing terms of the contract do by their respective signatures dated below hereby agree to the terms thereof.

Contractor:

Signature:_____
Printed Name:_____
Title:_____
Date:_____

(Where Applicable)

Attested By:_____

State of Indiana Agency:

Signature:_____
Printed Name:_____
Title:_____
Date:_____

Indiana Office of Technology

Gerry Weaver
Chief Information Officer

Date:_____

Department of Administration

Carrie Henderson
Commissioner

Date:_____

State Budget Agency

Christopher A Ruhl
Director

Date:_____

Office of the Attorney General

Stephen Carter
Attorney General

Date:_____