STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES STANDARD AGREEMENT STD 213 (Rev. 10/2018)		AGREEMENT NUMBER 18-95092	PURCHASING AU	CHASING AUTHORITY NUMBER (if applicable)	
1. This Agreem	ent is entered into between the Contr	acting Agency and the Contractor r	named below:		
CONTRACTING AGE	NCY NAME				
Department of	Health Care Services				
CONTRACTOR NAM	1E				
Nimdzi Insights	LLC				
2. The term of t	his Agreement is:				
START DATE					
January 2, 2019	(or upon approval by Department of	General Services)			
THROUGH END DA' October 2, 2019					
\$2,781,000.00 Two-Million, Se	n amount of this Agreement is: ven-Hundred Eighty One Thousand Do	The state of the s			
4. The parties a Agreement.	gree to comply with the terms and co	nditions of the following exhibits, w	vhich are by this reference	made a part of the	
EXHIBITS	TITLE			PAGES	
Exhibit A	Scope of Work				
Exhibit B	Budget Detail and Payment Provisions				
Exhibit C *	General Terms and Conditions (GTC 04/2017)				
Exhibit D (F)	Special Terms and Conditions (Attached hereto as part of this agreement)				
Exhibit E	Additional Provisions				
Exhibit F	Contractor's Release				
Exhibit G	Prime DVBE Sub Report				
Exhibit H	HIPAA Business Associates Agreement			15	
Exhibit I	Information Confidentiality Security Requirements				
	h an asterisk (*), are hereby incorporate s can be viewed at www.dgs.ca.gov/ols			hereto.	
IN WITNESS WH	EREOF, THIS AGREEMENT HAS BEEN EX	ECUTED BY THE PARTIES HERETO.			
August James Stramond		CONTRACTOR			
CONTRACTOR NAM Nimdzi Insights	E (if other than an individual, state whether a c LLC	orporation, partnership, etc.)			
CONTRACTOR BUSINESS ADDRESS CITY		CITY	STATE	ZIP	
2523 Boyer Avenue E		Seattle	WA	98102	
PRINTED NAME OF	PERSON SIGNING		TITLE		
Tucker Johnson			Managing Director		
			DATE SIGNED		

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SE	RVICES			
STANDARD AGREEMENT STD 213 (Rev. 10/2018)	(AD T. AD TO ADD TO AD T	NT NUMBER P	PURCHASING AUTHORITY NUMBER (if applicable)	
	STATE OF CALIF	ORNIA		
CONTRACTING AGENCY NAME Department of Health Care Services				
CONTRACTING AGENCY ADDRESS 1000 G St. 4th Floor, Suite 450	CITY Sacramento	STATE CA	ZIP 95814	
PRINTED NAME OF PERSON SIGNING Kevin Morrill		TITLE Chief		
CONTRACTING AG		DATE SIGNED	2019	
	eneral Services Ap	proval (or exemption, if	applicable)	

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES				
STANDARD AGREEMENT STD 213 (Rev. 10/2018)	AGREEMENT NUMBER 18-95092	PURCHASING AUTH	HORITY NUMBER (if applicable)	
1. This Agreement is entered into between the Contract	ing Agency and the Contractor name	d below:		
CONTRACTING AGENCY NAME				
Department of Health Care Services				
CONTRACTOR NAME			A RESIDENCE NO DE LA CONTRACTOR DE LA CO	
Nimdzi Insights LLC				
2. The term of this Agreement is:				
START DATE			Control of the Contro	
January 2, 2019 (or upon approval by Department of Ge	neral Services)			
THROUGH END DATE				
October 2, 2019				
3. The maximum amount of this Agreement is: \$2,781,000.00 Two-Million, Seven-Hundred Eighty One Thousand Dolla	ars and Zero Cents			
 The parties agree to comply with the terms and condi Agreement. 		are by this reference n	nade a part of the	
EXHIBITS	TITLE		PAGES	
Exhibit A Scope of Work	Scope of Work			
Exhibit B Budget Detail and Payment Provisions	Budget Detail and Payment Provisions			
Exhibit C * General Terms and Conditions (GTC 04/201	General Terms and Conditions (GTC 04/2017)			
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Exhibit E Additional Provisions	Additional Provisions			
Exhibit F Contractor's Release	Contractor's Release			
Exhibit G Prime DVBE Sub Report	Prime DVBE Sub Report			
Exhibit H HIPAA Business Associates Agreement	HIPAA Business Associates Agreement			
Exhibit I Information Confidentiality Security Require	Information Confidentiality Security Requirements			
ltems shown with an asterisk (*), are hereby incorporated l These documents can be viewed at www.dgs.ca.gov/ols/re	by reference and made part of this agi esources/standardcontractlanguage.o	eement as if attached h Ispx	ereto.	
N WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXEC	UTED BY THE PARTIES HERETO.			
	CONTRACTOR			
CONTRACTOR NAME (if other than an individual, state whether a corp Nimdzi Insights LLC	oration, partnership, etc.)			
CONTRACTOR BUSINESS ADDRESS CIT	Y STA	ТЕ	ZIP	
2523 Boyer Avenue E Se	attle W/		98102	
PRINTED NAME OF PERSON SIGNING	ТІТІ	E		
Tucker Johnson	Ma	naging Director		
		E SIGNED .	Market Committee	

STANDARD AGREEMENT STD 213 (Rev. 10/2018)	AGREEN	MENT NUMBER '	PURCHASING AUTHORITY NUMBER (if applicable)	
	STATE OF CALI	ORNIA		
CONTRACTING AGENCY NAME Department of Health Care Services				
CONTRACTING AGENCY ADDRESS 1000 G St. 4th Floor, Suite 450	CITY Sacramento	STATE CA	ZIP 95814	
PRINTED NAME OF PROPERTY OF PR		TITLE Chief		×
CONTRACTING AGEN		DATE SIGN		
	ieneral Services A	oproval (or exemption,	if applicable)	