STATE PROCUREMENT OFFICE
NOTICE OF AMENDMENT TO EXEMPTION FROM CHAPTER 103D, HRS, CONTRACT

1. TO: Head of Purchasing Agency
2. FROM: Alice Hall
   Department/Division/Agency
3. Name of Contractor: Aloha Medical Physics, LLC
4. P.E. Reference No. Ex: 05-07
5. Description of goods, services, or construction:
   Dosimetrists and physicists services for radiation treatment.
6. Scope of work for the contract is revised as follows:
   Scope is not revised.
7. Original Contract Price: $160,000. Amended Contract Price: 
   $160,000.
8. Reason: This / These amendment(s) are necessary because:
   Withdrawal of the exemption is appropriate since the exemption was not necessary. This was an action that was initiated prior to the January 1, 2005, the date the procurement code became applicable to HHSC procurement.
9. Direct questions to: Alice Hall, Director of Contract Management
   Phone: 733-4168
   Agency shall ensure adherence to applicable administrative and statutory requirements.
   Pursuant to § 103D-102, HRS, and § 3-120-5, HAR, I certify that the information provided above is, to the best of my knowledge, true and correct
   Alice Hall
   3-23-06
   Department Head
   Date
   Date Posted:
10. Submit written objections to this notice of intent to amend a procurement exemption contract within seven calendar days or as otherwise allowed from the above posted date to: Head of Purchasing Agency
    HHSC
    3675 Kilauea Ave.
    Honolulu, HI 96816
11. Head of Purchasing Agency's Comments:
12. [ ] APPROVED [ ] DISAPPROVED
    Head of Purchasing Agency
    Date
13. P.E. No. ___

SPO-07B (Rev. 09/30/2005)
STATE OF HAWAII
REQUEST FOR EXECUTION FROM EXECUTIVE ORDER

TO:  [Redacted]

RECIPIENT:  [Redacted]

Respectfully submitted for your consideration:

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Withdrawn.
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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Hospital</th>
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<tbody>
<tr>
<td>Mr. John White</td>
<td>CEO, West Community Hospital</td>
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<tr>
<td>Dr. Jane Patel</td>
<td>Chief, East Community Hospital</td>
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<tr>
<td>Dr. Tom Green</td>
<td>Chief Medical Director, East Community Hospital</td>
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This exception should be noted in the electronic medical record in Chapter 5-05-03, ESP No. 5.

CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

Director of Ancillary Services

[Signature]

[Date]