WITNESSETH: That the Service Provider in consideration of the statements and conditions herein contained, does hereby agree to furnish all labor, materials, and equipment and to perform all work necessary to complete, in a skillful manner, the following: Property Appraisal services for California State University development projects.

Agreement No. 20-413, dated March 20, 2021 is hereby amended as follows:

1. This amendment exercises the option to extend the term for an additional three (3) years. The term of this agreement shall be from July 1, 2022 through June 30, 2025 with one (1) renewal option remaining.

Except as amended herein, all terms and conditions of the original Agreement remain unchanged.

The total amount to be expended under this agreement shall be determined by the overall usage by each participating campus an administrative office of the CSU. Payment shall be made in accordance with Rider D, attached to Agreement No. 20-413. The Service Provider shall not perform services in excess of the Agreement without prior written authorization to proceed from the University Contract Administrator of Trustees’ Representative.

Service Provider shall report to Contract Administrator Francis Freire, Director Real Estate Development, Office of the Chancellor, 401 Golden Shore, Long Beach, CA 90802, (562) 951-4204, ffreire@calstate.edu or Elvyra F. San Juan, Assistant Vice Chancellor (562) 951-4090, esanjuan@calstate.edu.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto, upon date first above written.

<table>
<thead>
<tr>
<th>Trustees of the California State University</th>
<th>Service Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus</td>
<td>Firm Name</td>
</tr>
<tr>
<td>California State University, Office of the</td>
<td>The Dore Group, Inc.</td>
</tr>
<tr>
<td>Chancellor</td>
<td></td>
</tr>
<tr>
<td>By (Trustees’ Authorized Signature)</td>
<td>By (Authorized Signature)</td>
</tr>
<tr>
<td>Printed Name and Title of Person Signing</td>
<td>Printed Name and Title of Person Signing</td>
</tr>
<tr>
<td>Elvyra F. San Juan, Assistant Vice Chancellor</td>
<td>Lance W. Dore, MAI, FRICS, President</td>
</tr>
<tr>
<td>Address of Campus Project Administrator</td>
<td>Address of Service Provider</td>
</tr>
<tr>
<td>401 Golden Shore, Long Beach, CA 90802</td>
<td>3990 Old Town Avenue, Suite B104, San Diego, CA 92110</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TF – Capital Project Management</th>
<th>PS Account</th>
<th>PS Fund</th>
<th>PS Dept. ID</th>
<th>PS Program</th>
<th>PS Class</th>
<th>PS Project/Grant</th>
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<td>Amount Encumbered</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Signature of Accounting Officer</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I hereby certify that I have examined the written Agreement and find the same to be in accordance with the requirements of California State University Contract Law. G. ANDREW JONES, General Counsel</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total Amount Encumbered</td>
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<td></td>
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<tr>
<td>By Attorney</td>
<td>Ronnie Gomez</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>07/19/2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same Agreement. The exchange of copies of this Agreement and of signature pages by electron mail in “portable document format” (“.pdf”) form or by any other electronic means shall constitute effective execution and delivery of this Agreement and shall have the same effect as copies executed and delivered with original signatures.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Crown Island Insurance
1001 B Avenue, Suite 103
Coronado, CA 92118

CONTACT NAME: Victoria Lee
PHONE (A/C No., Ext.): (619) 522-6600
FAX (A/C No., Ext.): (519) 437-0129
E-MAIL ADDRESS: vick@crownins.com

INSURER(S) AFFORDING COVERAGE

INSURER A: Travelers Casualty Ins Co of America
NAIC #: 19046

INSURED
The Dore Group, Inc.
3990 Old Town Ave
Sto 104
San Diego, CA 92110

COVERAGES CERTIFICATE NUMBER: CL2111108559 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE</th>
<th>POLICY EXPIRATION DATE</th>
<th>LIMITS</th>
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<td>6801B296652</td>
<td>12/01/2021</td>
<td>12/01/2022</td>
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</tr>
</tbody>
</table>

COMMERICAL GENERAL LIABILITY
- CLAIMS-MADE
- OCCUR

AUTO LIABILITY
- ANY AUTO
- OWNED AUTOS ONLY
- HIRED AUTOS ONLY
- SCHEDULED AUTOS
- NONOWNED AUTOS ONLY

UMBRELLA LIABILITY
- OCCUR

EXCESS LIABILITY
- CLAIMS-MADE

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
- ANY PROPRIETOR/OWNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?
- EMPLOYEES' LIABILITY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

** the University, their officers, employees, representatives, volunteers, and agents

For the general and automobile liability policies, the State of California, the Trustees of the California State University, the University, (or CSU Auxiliary), their officers, employees, representatives, volunteers, and agents are names additional insureds as respects the named insured, their business operations and jobs performed.

**30 days notice of cancellation applies

CERTIFICATE HOLDER
The State of California, CSU Auxiliary, the Trustees of the California State University.**
401 Golden Shore,
Long Beach, CA 90802

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT

PRODUCER
Gateway Insurance Agency
207 North Ditmar St
Oceanside, CA 92054-

INSURED
The Dore Group, Inc
Lance Dore
3990 Old Town Avenue Ste B104
San Diego, CA 92110

CONTACT NAME: Paula Meeks
PHONE (A/C, No, Ext): 760-439-1323
TAX (A/C, No): 760-439-6905
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE
NAIC #
INSURER A : The Hartford Fire Insurance Co

COVERAGE NUMBER: 72WECGI9779

CERTIFICATE NUMBER: 72WECGI9779

REVISION NUMBER: 01/08/2022 01/08/2023

COVERAGES

COMMERCIAL GENERAL LIABILITY
  CLAIMS-MADE
  OCCUR

GENL AGGREGATE LIMIT APPLIES PER:
  POLICY
  PROJ
  LOC
  OTHER

AUTOMOBILE LIABILITY
  ANY AUTO
  ALL OWNED AUTOS
  HIRED AUTOS
  SCHEDULED AUTOS
  NON-OWNED AUTOS
  UMBRELLA LIAB
  EXCESS LIABILITY

COMBINED SINGLE LIMIT
  EACH OCCURRENCE
  DAMAGE TO RENTED PREMISES (Ea occurrence)
  MED EXP (Any one person)
  PERSONAL & ADV INJURY
  GENERAL AGGREGATE
  PRODUCTS - COMPL/OP AGG
  OTHER

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?
  (Mandatory in NH)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER
California State University
Office of the Chancellor
401 Golden Shore
Long Beach, CA 90802-4210

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD
Those usual to the Insured's Operations. Certificate holder is an additional insured per form IH1200 attached to this policy. This policy has been endorsed with BP 04 51 01 06 California Additional Insured - Automatic Status - Blanket Additional Insureds. This policy has been endorsed with CG20010413 This insurance is Primary and Non-Contributory 30 days written notice shall be provided for cancellation. The State of California, the Trustees of the California State University, (or CSU Auxiliary), the University, their officers, employees, representatives, volunteers, and agents shall not by reason of their inclusion as additional insureds incur liability to the insurance carriers for payment of premiums for such insurance.
CERTIFICATE OF INSURANCE

Producer:
LIA ADMINISTRATORS & INSURANCE SERVICES
P.O. Box 1319
Santa Barbara, CA 93102-1319

Issue Date: 11/01/2021
This Certificate is issued as a matter of information only and
confers no rights upon the Certificate Holder. This Certificate
does not amend, extend or alter the coverage afforded by the
policy below.

Insured: 163969
DORE GROUP, INC., THE
Lance W. Dore
3990 Old Town Avenue, Suite B104
San Diego, CA 92110

Fax Number: 000-000-0000

COMPANY AFFORDING COVERAGE
Aspen American Insurance Company
Authorized Representative

This is to certify that the policy of insurance listed below has been issued to the Insured named above for the policy period indicated.
Notwithstanding any requirement, term of condition of any contract or other document with respect to which this Certificate may be
issued or may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions and conditions
of such policy. Limits shown may have been reduced by paid claims.

DISCLAIMER: This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded
by the insurance policy.

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>EXPIRATION DATE</th>
<th>LIMITS</th>
</tr>
</thead>
</table>
| Professional Liability | AAI002660-07  | 08/18/2021     | 08/18/2022     | Each Claim
|                   |               |               |                | General Aggregate |
|                   |               |               |                | $1,000,000      |
|                   |               |               |                | $2,000,000      |

Description of Operations/Locations/Special Items:
REAL ESTATE APPRAISERS PROFESSIONAL LIABILITY INSURANCE

Certificate Holder:
California State University
Office of the Chancellor
401 Golden Shore
Long Beach, CA 90802-4210

Cancellation:
Should the above described policy be cancelled before the expiration date thereof, the issuing Company will mail 30
days notice, except 10 days notice for nonpayment of premium,
to the certificate holder named to the left. However, failure
to mail such notice shall impose no obligation or liability of
any kind upon the Company, its agents or representatives.