ADDENDUM #3

August 21, 2009

Re: HACC, Central Pennsylvania's Community College
Professional Design Services for Repairs to the Evans Gym Pool
HACC Solicitation # 10-02

From: Eastern pcm, LLC
Construction Manager – HACC
212 Locust Street, Suite 604
Harrisburg, PA 17101

To: All Request for Proposals Holders

This Addendum is hereby made part of the Request for Proposal for the above referenced project. The provisions of this Addendum are intended to supplement the provisions of the Request for Proposal and/or supersede them where contradictory thereto.

This Addendum contains changes to the requirements of the Request for Proposal. Such changes shall be incorporated into the Request for Proposal and shall apply to services with the same meaning and force as if they had been included in the original Request for Proposal. Where this Addendum modifies a portion of a paragraph or phrase of the Request for Proposal, the remaining unmodified portion of the paragraph or phrase shall remain in force.

The conditions and terms of the Request for Proposal shall govern information described in this Addendum. Whenever the scope or conditions of the services are not fully described in this Addendum, the conditions of services etc. included in the Request for Proposal for similar services shall apply to the information described in this Addendum.

3.1 REVISED FEE PROPOSAL FORM

Replace Fee Proposal Form with the revised Fee Proposal Form included as an attachment to this Addendum.

END OF ADDENDUM
X. FEE PROPOSAL

The Professional Design Firm has received the following Addenda, receipt of which is hereby acknowledged:

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State the Proposed Fee for the services as outlined in the Request for Proposal, as a Stipulated Sum:

Stipulated Sum: $_________________________________________ (In Numerals)

_________________________________________ (In Words)

Business: _______________________________________

Phone Number: ___________________________ Fax: ___________________________

__________________________
(Signature of Authorized Officer)

__________________________
(Printed name and Title of Authorized Officer)