EXHIBIT A

AMENDMENT NUMBER 2

CONTRACT NUMBER 30006422

for

HERON LAKES GOLF COURSE MANAGEMENT AGREEMENT

This Contract was made and entered by and between **Kemper Sports Management, Inc.**, hereinafter called **KSM**, and the City of Portland, a municipal corporation of the State of Oregon, by and through its duly authorized representatives, hereinafter called City.

1. Add $2,419,150 to the Estimated Operating Expenses funded through this Contract. Delete paragraph 7.6 of the Contract in its entirety and replace with the following:

    "7.6 Compensation. The maximum dollars that can be released to KSM under this Contract is $2,823,400 (hereafter the "not to exceed" amount).
    This amount includes:

Operations Management Fee	$19,600 per month for 16.5=	$ 323,400
Estimated Operating Expenses		$2,500,000

    Notwithstanding the not to exceed amount set forth above, the City shall remain solely responsible for all Operating Expenses of the Course in accordance with Section 4.1."

2. All other terms and conditions shall remain unchanged and in full force and effect.

CONSULTANT SIGNATURE

This Contract amendment may be signed in two (2) or more counterparts, each of which shall be deemed an original, and which, when taken together, shall constitute one and the same Contract amendment.

The parties agree the City and Consultant may conduct this transaction by electronic means, including the use of electronic signatures.

Consultant Name: Kemper Sports Management, Inc.
Attn: Steven K. Skinner, CEO
Address: 500 Skokie Blvd, Suite 444, Northbrook, IL 60062
Contact: Randy Morrison, (541) 829-9929, rmorrison@kempersports.com

Signature: _____   Date: _____

Name: _____

Title: _____

Contract Number: <u>30006422</u> **Amendment Number: <u>2</u>**

Contract Title: <u>HERON LAKES GOLF COURSE MANAGEMENT AGREEMENT</u>

CITY OF PORTLAND SIGNATURES

By: _____   Date: _____
    Chief Procurement Officer

By: _____   Date: _____
    Elected Official

Approved:

By: _____   Date: _____
    Office of City Auditor

Approved as to Form:

By: _____   Date: _____
    Office of City Attorney