

**Amendment to
Electronic Data Interchange (EDI) Customer Contract (ECC)**

**NDCHealth Corporation
5222 E. Baseline RD #101
Gilbert, AZ 85234**

ATTN: Enrollment Department

Fax: (800) 881-0328

Customer Information		
Customer Name:		
Primary Contact:		
Email Address:		
Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Tax ID:	EIN <input type="checkbox"/>	SSN <input type="checkbox"/>

WHEREAS, Customer and NDCHealth entered into an Electronic Data Interchange (EDI) Customer Contract (ECC) dated _____ (the "ECC");

WHEREAS, Customer wishes to amend such ECC to modify the name and identifying information of the Value Added Reseller who was the originating reseller establishing Customer's relationship with NDCHealth (the "VAR");

WHEREAS, NDCHealth is agreeable to accepting Customer's requested and authorized modifications of the ECC; and

NOW THEREFORE, Customer and NDCHealth agree as follows:

1. The VAR Name, Tax ID, and VAR Customer # shall be deleted and replaced with the following:

Value Added Reseller Company Name: Frontier Medical Systems	Value Added Reseller Tax ID 100729	Value Added Reseller Type Wholesale <input type="checkbox"/> Retail <input checked="" type="checkbox"/> VAR Customer # _____
---	---------------------------------------	--

2. Pursuant to the terms of this Amendment, and in the event Customer shall become responsible to the VAR originally identified in the ECC, which herein has been modified, (the "Initial VAR"), then Customer agrees and acknowledges that any obligations hereunder, whether contractual or otherwise, or liability for any payment of any transfer or cancellation fee to the Initial VAR, Customer accepts full responsibility for such obligation or payment and hereby agrees to fully and completely indemnify and release NDCHealth from and against any claims made by any Initial VAR for such fees or obligation that may arise as a result of the modifications made to the ECC pursuant to such Amendment.

3. All other terms and conditions of the ECC shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed by their duly authorized officers.

<p>Accepted by Customer:</p> <p>Authorized Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p>Accepted by NDCHealth:</p> <p>Signature: _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>
<p><i>AMENDMENT NOT VALID WITHOUT AUTHORIZED CUSTOMER SIGNATURE</i></p>	