Signature

Signature

Name:\_\_\_\_

Signature

KUHF Account Executive

Name:\_\_

## Amendment to KUHF-FM and/or KUHA-FM Radio Underwriting Agreement (this "Amendment")

This Amendment is entered into by and between the University of Houston ("University") on behalf of KUHF-FM and/or KUHA-FM Radio ("University") and ("Underwriter"). The University and Underwriter shall be known collectively as the "Parties" and singularly as a "Party" or the "Party." This Amendment incorporates by reference the <b>attached</b> Agreement titled,					
"" (the "Agreement") or (this "Agreement"), as if					
set out herein. To the extent the terms, provisions, covenants, or conditions in this Amendment are					
inconsistent with those in the Agreement, the terms, provisions, covenants, or conditions in this					
Amendment shall control and be binding on the Parties as of the effective date of this Amendment.					
NOW, THEREFORE, for and in consideration of the mutual covenants contained herein and for other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto					
agree as follows:					
1. Amendment to Agreement. The table shown in the Agreement is hereby amended and replaced					
with the following table:					
	0	A 4 - 4 IZIIIID	A 1 - 1 IZIIII A	O t t 1	
	Current Contract	Amended KUHF	Amended KUHA	Contract Total	
Schedule Start Date:	Contract				
Schedule Stop Date:					
Number of Spots:					
Agreement Total Net:	\$	\$	\$	\$	
2. <u>Binding Effect.</u> This Amendment is binding upon and shall inure to the benefit of the Parties and their respective successors and assigns.					
3. Ratification. The Agreement, as amended and modified hereby, is ratified and confirmed by the					
Parties as being in full force and effect.					
IN WITNESS WHEREOF, the Parties have executed this Amendment to be effective as of the latest date on which it is executed by the authorized representatives of the Parties.					
UNIVERSITY OF HOUST	ON	UNDER	UNDERWRITER		

Date

Date

Date

Signature

Name:\_\_\_\_\_

Date

Dr. Elaine Charlson (if over \$25K)

Note: Modification of this Form requires approval of OGC