



# Service Order Form

| BILLING INFORMATION                 |                 |                                |                           |
|-------------------------------------|-----------------|--------------------------------|---------------------------|
| <b>Customer Name</b>                |                 | <b>Sales Representative</b>    | <b>Proposal Reference</b> |
| MADISON COUNTY BOARD OF SUPERVISORS |                 | Jonathan McLaurin              | Q-361754                  |
| <b>Billing Address</b>              |                 | <b>Tax ID</b>                  | <b>Contract ID</b>        |
| 146 W CENTER STREET                 |                 | 646000658                      |                           |
| <b>City, State</b>                  | <b>Zip Code</b> | <b>Billing Contact Phone</b>   |                           |
| CANTON, MS                          | 39046           | 601-855-5508                   |                           |
| <b>Billing Contact Name</b>         |                 | <b>Billing Contact E-mail</b>  |                           |
| Duane Thompson                      |                 | duane.thompson@madison-co.com  |                           |
| <b>Technical Contact</b>            |                 | <b>Technical Contact Phone</b> |                           |
| Duane Thompson                      |                 | 601-855-5508                   |                           |
| <b>Technical Contact Email</b>      |                 |                                |                           |
| duane.thompson@madison-co.com       |                 |                                |                           |

Customer acknowledges that it is purchasing or changing the products and services listed on Exhibit A under that certain State of MS Contract No: 5000 and that the terms and conditions of such contract shall apply hereto.

|                                    |                     |
|------------------------------------|---------------------|
| <b>Client Authorized Signature</b> | <b>Date</b>         |
|                                    |                     |
| <b>Client Name</b>                 | <b>Client Title</b> |
|                                    |                     |

C Spire®, C Spire Business™, C Spire Business Solutions® and C Spire Health™ are trademarks owned by Cellular South, Inc. Cellular South, Inc. and its affiliates provide products and services under the C Spire®, C Spire Business™, C Spire Business Solutions® and C Spire Health™ brands. Affiliates include Telepak Networks, Inc., TekLinks, Inc., Harbor Communications, LLC, C Spire Health, LLC, Callis Communications, Inc., C Spire Advanced Data Solutions, LLC, and C Spire Governmental Data Solutions, LLC.

## Exhibit A – Product and Services

| Switched Ethernet Multi                |  |              |                   |              |         |
|--|--|--------------|-------------------|--------------|---------|
| Locations                              | Product/Speed  | Service Type | Billing Frequency | Monthly Cost | Upfront |
| 100 Webster Circle, Madison, MS, 39110 | State Contract Ethernet Layer 2 PMP<br>State Contract Ethernet Circuit Multisite 20 Mbps x 20 Mbps Unmanaged | New          | Monthly           | \$150.00     | \$0.00  |
| <b>Totals:</b>                         |  |              |                   | \$150.00     | \$0.00  |

| Item                    | Description | Service Type | Quantity | Billing Frequency | Monthly Per Unit | Monthly Cost | Upfront |
|-------------------------|-------------|--------------|----------|-------------------|------------------|--------------|---------|
| <b>Location Totals:</b> |             |              |          |                   |                  | 0            | 0       |

| Summary                               |  |  |              |               |
|---------------------------------------|--|--|--------------|---------------|
| Location                              |  |  | Monthly Cost | Total Upfront |
| 100 Webster Circle, Madison, MS 39110 |  |  | \$150.00     | \$0.00        |

| Monthly Billing Frequency Summary   |          |
|-------------------------------------|----------|
| Location                            | Total    |
| MADISON COUNTY BOARD OF SUPERVISORS | \$150.00 |
| <b>Monthly Total:</b>               | \$150.00 |

| All Locations Totals | Monthly Cost | Total Upfront |
|----------------------|--------------|---------------|
|                      | \$150.00     | \$0.00        |