

**RENEW YOUR LEXISNEXIS® PRISON SOLUTION
ORDER NOW BY SIGNING THIS LETTER AGREEMENT**

Thank you for using LexisNexis, a division of RELX Inc. as your provider of legal research materials for correctional facilities.

Currently you are using the LexisNexis services pursuant to the Prison Solution Agreement or Order (the "Order") that allows you to use selected information relevant to your needs in exchange for a fixed monthly commitment. The Order offers you access to comprehensive content and ease-of-use. However, your LexisNexis service under this Order will expire soon.

By signing below, you may extend the term for the following period at the monthly commitment rate indicated below:

Customer Name:	Webb County Sheriff's Department	Account Number:	10002FRMO
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Extension Period				Monthly Commitment	
Beginning	<u>3/1/2025</u>	to	<u>2/28/2026</u>	\$	4200 ANNUAL
Beginning	<u>3/1/2026</u>	to	<u>2/28/2027</u>	\$	4200 ANNUAL
Beginning	<u> </u>	to	<u> </u>	\$	<u> </u>

Customer hereby certifies that they have _____ number of terminals

These changes will be effective on 3/1/2025. Except as expressly stated above, all other terms of the Order will remain unchanged and unaffected by this letter agreement.

If you have any questions about your new rate or would like to see a comparison of other pricing options, please contact me, your account representative, at:

Kim Shields, Esq.
Client Manager
P: 573.673.4230
F: 866.460.9533
kim.shields@lexisnexis.com

If you agree with the new monthly commitment and extended term, then please print this message, provide the information requested for the total number of terminals/licenses/locations then sign and date. Upon completion, return the signed letter agreement to me at the fax number listed above. In order for these changes to be effective on the date listed above, please sign and return this letter agreement no later than the 20th of February.

If you do not respond to this letter, please be advised that the Order will expire at the end of the current commitment period and you will no longer receive updated materials.

Customer Name: Webb County Sheriff's Department

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____