



Program Signature Form

MBA/MBSA number

8084445

5-0000011554556

Agreement number

8084445

Note: Enter the applicable active numbers associated with the documents below. Microsoft requires the associated active number be indicated here, or listed below as new.

For the purposes of this form, "Customer" can mean the signing entity, Enrolled Affiliate, Government Partner, Institution, or other party entering into a volume licensing program agreement.

This signature form and all contract documents identified in the table below are entered into between the Customer and the Microsoft Affiliate signing, as of the effective date identified below.

| Contract Document | Number or Code |
|----------------------------------|-------------------------|
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| <Choose Agreement> | Document Number or Code |
| Enterprise Enrollment | X20-10636 |
| <Choose Enrollment/Registration> | Document Number or Code |
| <Choose Enrollment/Registration> | Document Number or Code |
| <Choose Enrollment/Registration> | Document Number or Code |
| <Choose Enrollment/Registration> | Document Number or Code |
| Amendment | M97 (New) |
| Product Selection Form | 2683791.003 |
| | |
| | |

By signing below, Customer and the Microsoft Affiliate agree that both parties (1) have received, read and understand the above contract documents, including any websites or documents incorporated by reference and any amendments and (2) agree to be bound by the terms of all such documents.

Customer

Name of Entity (must be legal entity name)* County of Yolo

Signature* _____

Printed First and Last Name*

Printed Title

Signature Date*

Tax ID

** indicates required field*

Approved as to Form:
Philip J. Pogledich, County Counsel

Kimberly Hood, Chief Asst. County Counsel

| Microsoft Affiliate | |
|---|--|
| Microsoft Corporation | |
| Signature _____ | |
| Printed First and Last Name | |
| Printed Title | |
| Signature Date (date Microsoft Affiliate countersigns) | |
| Agreement Effective Date (may be different than Microsoft's signature date) | |

Optional 2nd Customer signature or Outsourcer signature (if applicable)

| Customer | |
|--|--|
| Name of Entity (must be legal entity name)* | |
| Signature* _____ | |
| Printed First and Last Name* | |
| Printed Title | |
| Signature Date* | |

** indicates required field*

| Outsourcer | |
|--|--|
| Name of Entity (must be legal entity name)* | |
| Signature* _____ | |
| Printed First and Last Name* | |
| Printed Title | |
| Signature Date* | |

** indicates required field*

If Customer requires additional contacts or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

After this signature form is signed by the Customer, send it and the Contract Documents to Customer's channel partner or Microsoft account manager, who must submit them to the following address. When the signature form is fully executed by Microsoft, Customer will receive a confirmation copy.

Microsoft Corporation
Dept. 551, Volume Licensing
6880 Sierra Center Parkway
Reno, Nevada 89511
USA