

STATEMENT OF WORK – DIR Customers**Red River Solutions, LLC****Client:**

Name/Title:

Contact/title:

Address: 14800 Quorum Drive
Suite 325
Dallas, TX 75254

Address:

Phone/Fax: 972-715-6100 / 972-715-6199

Phone/Fax:

Email: healthcheck@redriversolutions.com

Email:

This Statement of Work is being performed under the Master Services Agreement between RRS and the Department of Information Resources - State of Texas - DIR-SDD-933 dated February 19, 2009. This SOW is made and entered into between RRS and this day of . This SOW incorporates by reference the terms and conditions of the MSA. In case of any conflict between this SOW and the MSA, the terms of the MSA shall prevail. RRS and the Client agree as follows:

Services to be Provided:**RRS Deliverables****RRS approach and estimates are based on the following assumptions:**

Project Start Date:

Estimated Duration:

Payment: RRS will submit invoices to client on a bi-weekly basis.

Payment Terms: Net 30 basis

(SOW) Number:

Page 1 of 2

CONFIDENTIAL

_____ RRS INITIALS

CLIENT INITIALS _____



RRS Fee:

Expenses:

Our MSA and this SOW shall be binding whether or not the client executes this SOW.

I have read and understand this SOW and agree to its terms and conditions.

Client Signature

Date

(SOW) Number:

Page 2 of 2

CONFIDENTIAL

_____ RRS INITIALS

CLIENT INITIALS _____