Client: State of Indiana	Primary Contact: Robert Fulk
Address: 302 W Washington St. Indianapolis IN 46204	Phone: 317-232-0103
Invoice Contact Name:	Invoice Contact Email:
Effective Date:	E-Mail: rfulk1@sos.in.gov

Access and Licenses:

Description	License Type and Limit	Initial Term	Initial Term – Subscription Fees
Annually Recurring Enterprise: up to 150 Users + Additional Tenant Deployment	12 months	$43,000 Total	

Invoiced & Paid Annually, Due on Receipt

Access and Licenses

- **License Type:** Enterprise
- **Seats:** 150
- **Pricing:** Annual Subscription : $20/seat/month: $36,000
- **Additional Tenant Deployment:** $7,000
- **Total:** $43,000

Term and Termination

Initial Term: The initial term of the Agreement shall be as set forth on the Order Form (the "Initial Term").

Renewal: Thereafter, the term of the Agreement shall renew as set forth on the Order Form (each, a "Renewal Term", and collectively with the Initial Term, the "Term"), unless one Party provides written notice to the other Party at least ninety (60) days in advance of the end of the then-existing term that it does not wish to renew the Agreement.

Adding or Upgrading Seats

Mid-Term Seat Increase: Should the Client add additional seats during any term, the fees for such additional seats will be billed at $20/seat/month.

Professional Services:

DESCRIPTION	Professional Services Fees	Payment Terms
Tier 1 Implementation Support	$5,000	Payment Waived
Liminal Training (Administrators)	$5,000	Payment Waived
Safe Usage of AI Training (Company)	$5,000	Payment Waived

LIMINAL ORDER FORM (ORDER REF. NO. (1004)

This Liminal Order Form ("Order Form") Reference No. 1004 is only valid and binding on the parties when executed by both parties and is subject to, governed by, and incorporates by reference, the LIMINAL C, in force and effect between Client and Liminal.

Liminal AI, Inc.

By: _Steve Walchek_
A36379D597144AF...

Name: _Steven Walchek_

Title: _CEO_

Client: State of Indiana

By: _____

Name: _Sergio A-Bonner_

Title: _Deputy Secretary of State_