



Volume Licensing Customer,

Welcome to the Microsoft Volume Licensing Program. Enclosed is your copy of your new Volume Licensing Agreement with Microsoft, which is now in effect with your company.

By now you should have received an email notification from Microsoft regarding acceptance of the terms and conditions of your Volume Licensing Agreement. The email notification contains current contract information such as licensing pools, participant contact information, and more.

In addition to the electronic email acceptance letter, you should have received a second email from Microsoft, with information regarding an online resource called Volume Licensing Service Center (VLSC), which contains detailed and confidential information regarding your Microsoft Volume Licensing account, including transaction history, product downloads, and Volume Licensing Product Keys.

If you have not received your electronic acceptance notification or VLSC instructions please contact your Large Account Reseller or Enterprise Software Advisor for assistance.

Keep this contract in a secure location. It is important that you understand all of the terms and conditions contained within, and can access the information if questions arise.

Thank you,

Microsoft Licensing, GP

# Microsoft | Volume Licensing

## Select Signature Form

## State and Local

Master Agreement number or Enrollment number\*

U0275474  
DIS62571

SGN-

Microsoft to complete if applicable

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

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	Document Number or Code
Select Enrollment	X20-00305
<Choose One>	Document Number or Code
<Choose One>	Document Number or Code
<Choose One>	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code
Document Description	Document Number or Code

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	Microsoft Affiliate
Name of Entity * Lake County Sheriff's Office	Microsoft Licensing, GP
Signature * <i>Lewie A. Wise</i>	Signature <i>[Signature]</i>
Printed Name * Lewie A. Wise	Printed Name Deborah Moravec
Printed Title * SR Dir Finance & HR	Printed Title Program Manager, Compliance
Signature Date * 7/9/10	Signature Date (date Microsoft Affiliate countersigns) JUL 30 2010
Tax ID 59-6000693	Effective Date (may be different than Microsoft's signature date) 7-30-2010

\* Indicates required field

Optional 2<sup>nd</sup> Customer signature or Outsourcer Signature (if applicable)

<b>Customer</b>		<b>Outsourcer</b>	
Name of Entity *		Name of Entity *	
Signature *		Signature *	
Printed Name *		Printed Name *	
Printed Title *		Printed Title *	
Signature Date *		Signature Date *	

If Customer requires physical media, additional contacts, or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form. If no media form is included, no physical media will be sent.

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 Licensing, GP**  
Dept. 551, Volume Licensing  
6100 Neil Road, Suite 210  
Reno, Nevada USA 89511-1137

<b>Prepared By:</b>
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Select Enrollment

State and Local

Enrollment number <i>(Microsoft Affiliate to complete)</i>	6399955	Proposal ID <i>(Reseller to complete)</i>	
Previous Enrollment agreement or auth number <i>(If renewing Software Assurance)(Reseller to complete)</i>		Earliest expiring previous Enrollment end date <i>(Reseller to complete)</i>	

If consolidating from multiple previous Enrollments with Software Assurance, complete the multiple previous Enrollment form and attach it to this Enrollment. Enterprise Products can only be renewed from a Qualifying Enrollment. Additional Products can be renewed from any previous Enrollment with Software Assurance.

**This Enrollment must be attached to a signature form to be valid.**

This Microsoft Select Enrollment is entered into between the entities, as of the effective date identified on the signature form.

This Enrollment consists of (1) This Enrollment, (2) the terms of the Select Agreement identified on the signature form and all attachments identified therein.

Enrolled Affiliate agrees to purchase Licenses equal to at least 750 points during the initial term of this Enrollment.

All terms used but not defined are located at <http://microsoft.com/licensing/contracts>.

**Effective date.** If Enrolled Affiliate is renewing Software Assurance coverage from one or more previous Microsoft agreements, then the effective date of this Enrollment will be the day after the earliest expiration of such coverage. Otherwise the effective date will be the date this Enrollment is processed by Microsoft.

**Term.** This Enrollment will expire on the date the Microsoft Select Agreement identified on the signature form expires.

**Qualifying systems Licenses.** The operating system Licenses granted under this program are upgrade Licenses only. Full operating system Licenses are not available under this program.

**1. Contact information.**

Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The asterisks (\*) indicate required fields. By providing contact information, Enrolled Affiliate consents to its use for purposes of administering this Enrollment by Microsoft, its Affiliates, and other parties that help administer this Enrollment. The personal information provided in connection with this Enrollment will be used and protected in accordance with the privacy statement available at <http://licensing.microsoft.com>.

- a. **Primary contact information:** The Enrolled Affiliate of this Enrollment must identify an individual from inside its organization to serve as the primary contact. This contact is the default online administrator for this Enrollment and receives all notices unless Microsoft is provided written notice of a change. The online administrator may appoint other administrators and grant others access to online information.

Name of entity: (must be legal entity name)\*: Lake County Sheriff's Office  
 Contact name \* First: Jesse, Last: James  
 Contact email address \* Jesse.James@lcsb.org  
 Street address \* 360 W. Ruby Street  
 City \* Tavares, State \* FL Postal code \* 32778

Country \* USA  
Phone \* (352) 343-9500 Fax  
Tax ID

- b. **Notices and online access contact information:** This will designate a notices and online access contact different than the primary contact. This contact will replace the default administrator (primary contact) for this Enrollment and receive all notices. This contact may appoint other administrators and grant others access to online information.

Same as primary contact  
Name of entity (must be legal entity name) \*  
Contact name \* First: , Last:  
Contact email address \*  
Street address \*  
City \* State \* Postal code \*  
Country \*  
Phone \* Fax

- c. **Language preference:** Select the language for notices. English

- d. **Microsoft account manager:** Provide the Microsoft account manager contact for this Enrolled Affiliate.

Microsoft account manager name: Giovannle Olavarria  
Microsoft account manager email address: Giovannle.Olavarria@microsoft.com

- e. If Enrolled Affiliate requires a separate contact for any of the following, attach the Supplemental Contact Information form. Otherwise, the notices contact remains the default:

- Duplicate electronic contractual notices contact
- Software Assurance benefits contact
- MSDN contact
- Online Services administrator

- f. Is a purchase under this Enrollment being financed through Vis Financing?  Yes  No

- g. **Reseller Information**

Reseller company name \* SHI International Corp  
Street address (PO boxes will not be accepted) \* 33 Knightsbridge Road  
City \* Piscataway State \* NJ Postal Code \* 08854  
Country \* US  
Contact name \* Brian Raffael  
Phone \* 888-764-8888  
Fax 888-764-8889  
Contact email address \* msteam@shi.com

The undersigned confirms that the information is correct.

Name of Reseller* SHI International Corp.
Signature * <i>BSP</i>
Printed name * Brian Raffuel
Printed title * Licensing Specialist
Date * 7/21/2010

**Changing a Reseller.** If Microsoft or the Reseller chooses to discontinue doing business with one another, Enrolled Affiliate must choose a replacement. If Enrolled Affiliate intends to change the Reseller, it must notify Microsoft and the former Reseller, in writing on a form provided at least 30 days prior to the date on which the change is to take effect. The change will take effect 30 days from the date of Enrolled Affiliate's signature.

## 2. Software Assurance Membership election.

To become a Software Assurance Member, Enrolled Affiliate must agree to purchase and maintain Software Assurance for all copies of all Products licensed under this Enrollment from at least one Product pool. For a description of benefits resulting from choosing one or more Product pools below and additional details regarding the Software Assurance Membership program, please consult with the Reseller or Microsoft account manager.

For each Product pool, mark "yes" or "no" to indicate whether Enrolled Affiliate is committing to purchase and maintain Software Assurance for all copies of all Products licensed from that pool under this Enrollment.

Product pools	Yes	No
Applications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Servers	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note: If "Yes" is marked, all orders for Licenses must have Software Assurance.

## 3. Renewing Software Assurance.

If Enrolled Affiliate is renewing Software Assurance from multiple Select programs or consolidating other previous Enrollments or agreements (including Open authorizations) into this Enrollment, please complete the multiple previous Enrollment form and attach it to this Enrollment. The earliest expiring previous Enrollment/agreement which contains Software Assurance is to be inserted on the signature form. If only one previous Enrollment/agreement is renewing, please insert that previous number on the signature form.

Select

## Media Election Form

Entity name\* Lake County Sheriff's Office (must be same as Enrollment primary contact)

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

This form identifies entity's software comprehensive and subscription kit preferences. All software for this program is available for download at <https://licensing.microsoft.com> under fulfillment guide. Entity may choose to receive physical media delivery in addition to this download facility, if required. Terms used but not defined in this form have the meanings given to them in entity's Enrollment.

The comprehensive kit delivery address information identifies the delivery location. A comprehensive kit is not shipped to renewing entities. Microsoft reserves the right to discontinue media shipments or charge for them in the future.

### MEDIA DELIVERY ADDRESS

Same as notices contact in the Enrollment

Name of entity\*

Contact name: First\* Last\*

Contact email address (required for online access)

Street address (no PO boxes accepted)\*

City\* State/Province\* Postal code\*

County\* Country\*

Phone\* Fax

In-City Limits  Estimated Tax Rate

If entity chooses below to receive media in addition to the software download option available at <https://licensing.microsoft.com>, entity's selected media preference will be noted in Microsoft's systems so entity may automatically receive that media preference. Please note that DVD kits will include DVDs if available. If media is not available on DVDs, then CDs will be provided. Likewise, CD kits will include CDs if available. If CDs are not available, DVDs will be included.

What is entity's media preference? Download Only

Does entity request a comprehensive kit? (This option does not apply to renewing entities) No

Does entity request subscription updates? No



Media shipping information form – Comprehensive kit (continued)

**For each language and group entity elects to receive, mark the corresponding box with an X**

Language	Applications Pool		System Pool	Server Pool	
	Office Family	Developer Tools	Windows Client Business	Windows Server	Server Applications
English	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English/Multi-Language					<input type="checkbox"/>
Arabic	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Brazilian Portuguese	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>		<input type="checkbox"/>		
Chinese Simplified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Traditional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese Traditional Hong Kong	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Croatian	<input type="checkbox"/>		<input type="checkbox"/>		
Czech	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Dutch	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estonian	<input type="checkbox"/>		<input type="checkbox"/>		
Finnish	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hebrew	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Hungarian	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indic (Indian Languages)	<input type="checkbox"/>				
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latvian	<input type="checkbox"/>		<input type="checkbox"/>		
Lithuanian	<input type="checkbox"/>		<input type="checkbox"/>		
Norwegian	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Polish	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Romanian	<input type="checkbox"/>		<input type="checkbox"/>		
Russian	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian Latin	<input type="checkbox"/>		<input type="checkbox"/>		
Slovak	<input type="checkbox"/>		<input type="checkbox"/>		
Slovenian	<input type="checkbox"/>		<input type="checkbox"/>		
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swedish	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thai	<input type="checkbox"/>		<input type="checkbox"/>		
Turkish	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukrainian	<input type="checkbox"/>		<input type="checkbox"/>		

= Not Available