



## Program Signature Form

MBA/MBSA number

Agreement number

8084445

7-36LNNVAL7Q

**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
Enterprise Enrollment (Indirect)	X20-10636
Product Selection Form	2602412.008 (PSF)
Enterprise Amendment	CTM-CTC-ENR,M97 (NEW)

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
<b>Name of Entity (must be legal entity name)*</b> County of Shasta, a political subdivision of the State of CA, through its IT Department
<b>Signature*</b>
<b>Printed First and Last Name*</b> Kevin W. Crye
<b>Printed Title</b> Chair, Board of Supervisors
<b>Signature Date*</b>
<b>Tax ID</b> 94-6000535

\* indicates required field

Microsoft Affiliate
Microsoft Corporation
<b>Signature</b> <b>Printed First and Last Name</b> <b>Printed Title</b> <b>Signature Date</b> (date Microsoft Affiliate countersigns)
<b>Agreement Effective Date</b>  (may be different than Microsoft's signature date)

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

Customer
<b>Name of Entity (must be legal entity name)*</b>
<b>Signature*</b>
<b>Printed First and Last Name*</b>
<b>Printed Title</b>
<b>Signature Date*</b>

\* indicates required field

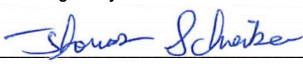
Outsourcer
<b>Name of Entity (must be legal entity name)*</b>
<b>Signature*</b>
<b>Printed First and Last Name*</b>
<b>Printed Title</b>
<b>Signature Date*</b>

\* indicates required field

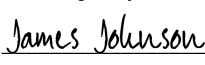
If Customer requires additional contacts or is reporting multiple previous Enrollments, include the appropriate form(s) with this signature form.

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.

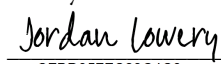
**Microsoft Corporation**  
 Dept. 551, Volume Licensing  
 6880 Sierra Center Parkway  
 Reno, Nevada 89511  
 USA

DocuSigned by:  
  
 By: Thomas Schreiber  
 Chief Information Officer  
 12/18/2023 | 2:13 PM PST  
 Date: \_\_\_\_\_

RISK MANAGEMENT APPROVAL

DocuSigned by:  
  
 ODBC25FD751A456...  
 By: James Johnson  
 Risk Management Analyst III  
 12/18/2023 | 2:32 PM PST  
 Date: \_\_\_\_\_

Approved as to form:  
 GRETCHEN M. STUHR

DocuSigned by:  
  
 CFBD957F623C4C8...  
 By: Jordan Lowery  
 Deputy County Counsel  
 12/18/2023 | 12:23 PM PST  
 Date: \_\_\_\_\_