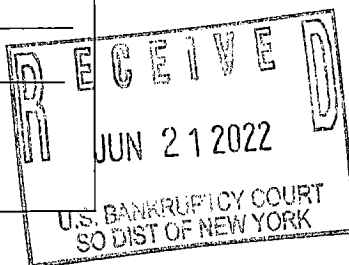


Fill in this information to identify the case:Debtor 1 PARETEUM CORPORATIONDebtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of New York

Case number 22-10615**Official Form 410****Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim**1. Who is the current creditor?**ROBERT HALF LEGAL (TEMP)

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?☒ No☐ Yes. From whom? _____**3. Where should notices and payments to the creditor be sent?**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?ROBERT HALF /RECOVERY DEPT.

Name

PO BOX 5024

Number Street

SAN RAMONCA94583

City

State

ZIP Code

Contact phone 925-913-2947Contact email AMBER.BAPTISTE@ROBERTHALF.COM**Where should payments to the creditor be sent? (if different)**RECOVERY DEPT ATTN: AMBER BAPTISTE

Name

ROBERT HALF 2613 CAMINO RAMON

Number Street

SAN RAMONCA94583

City

State

ZIP Code

Contact phone 925-913-2947Contact email AMBER.BAPTISTE@ROBERTHALF.COM

RECEIVED

JUN 29 2022

KURTZMAN CARSON CONSULTANTS

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?☒ No☐ Yes. Claim number on court claims registry (if known) _____

Filed on

MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?☒ No☐ Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 002327100

7. How much is the claim? \$ 10,047.33 Does this amount include interest or other charges?
☐ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.

SERVICES PERFORMED

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.

Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

RECEIVED

JUN 29 2022

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/02/2022
MM / DD / YYYY

Amber Baptiste

Signature

Print the name of the person who is completing and signing this claim:

Name AMBER BAPTISTE
First name Middle name Last name

Title RECOVERY MANAGER

Company ROBERT HALF INTERNATIONAL, INC.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2613 CAMINO RAMON
Number Street

SAN RAMON CA 94583
City State ZIP Code

Contact phone 925-913-2947 Email AMBER.BAPTISTE@ROBERTHALF.COM

RECEIVED

JUN 29 2022

KURTZMAN CARSON CONSULTANTS

Item	Employee Name	Line	As Of	Ent Typ/Rsn	Cur Amount
Other					

Total TAFUS	10,047.33	10,047.33
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Page: 1
Invoice Date: 09/21/2021
Invoice Number: 58458670
Customer Number: 002327100
Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Accounts Payable
PARETEUM CORPORATION
1185 6th Ave
New York NY 10017

Please Remit To:
Robert Half Legal
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Pay Online: <https://www.roberthalf.com/pay>

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Williams, Samantha J	09/17/2021	Korff, Alexander	39.00	HRS REG	\$ 81.19	\$ 3,166.41
Subtotal for Week-Ended: 09/17/2021				39.00	HRS		\$ 3,166.41

Invoice Subtotal: \$ 3,166.41

TOTAL AMOUNT DUE: \$ 3,166.41

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice, please call or email:
(800) 533-8435 / inquiries.bos@roberthalf.com

For skilled legal professionals please call:
(800) 870-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Robert Half Legal!

Robert Half Legal
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
00000002327100	58458670	\$ 3,166.41

0000000232710058458670003166415



Page: 1
Invoice Date: 09/21/2021
Invoice Number: 58458623
Customer Number: 002327100
Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Accounts Payable
PARETEUM CORPORATION
1185 6th Ave
New York NY 10017

Please Remit To:
Robert Half Legal
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Pay Online: <https://www.roberthalf.com/pay>

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Williams,Samantha J	09/10/2021	Korff,Alexander	26.00	HRS REG	\$ 81.19	\$ 2,110.94
Subtotal for Week-Ended: 09/10/2021				26.00	HRS		\$ 2,110.94

Invoice Subtotal: \$ 2,110.94

TOTAL AMOUNT DUE: \$ 2,110.94

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CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
00000002327100	58458623	\$ 2,110.94

0000000232710058458623002110942



Page: 1
Invoice Date: 09/27/2021
Invoice Number: 58501968
Customer Number: 002327100
Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
Accounts Payable
PARETEUM CORPORATION
1185 6th Ave
New York NY 10017

Please Remit To:
Robert Half Legal
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Pay Online: <https://www.roberthalf.com/pay>

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Williams,Samantha J	09/24/2021	Korff,Alexander	40.00	HRS REG	\$ 81.19	\$ 3,247.60
2	Williams,Samantha J	09/24/2021	Korff,Alexander	12.50	HRS OVT	\$ 121.79	\$ 1,522.38
Subtotal for Week-Ended: 09/24/2021				52.50	HRS		\$ 4,769.98

Invoice Subtotal: \$ 4,769.98

TOTAL AMOUNT DUE: \$ 4,769.98

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

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(800) 533-8435 / inquiries.bos@roberthalf.com

For skilled legal professionals please call:
(800) 870-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing Robert Half Legal!

Robert Half Legal
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
00000002327100	58501968	\$ 4,769.98

0000000232710058501968004769980



Week Ending Date: 9/17/21

Online Time Report

Employee ID	Name (Last, First Middle)
1007753477	Williams, Samantha J

Job Order Number	Client Company Name	Report To
0011954957	Pareteum Corporation	Korff, Alexander

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/11/21							
Sun	9/12/21							
Mon	9/13/21							
Tue	9/14/21	9:00 AM	1:00 PM	1:30 PM	7:00 PM			9.50
Wed	9/15/21	9:00 AM	1:00 PM	1:30 PM	7:00 PM			9.50
Thu	9/16/21	9:00 AM	1:00 PM	1:30 PM	7:00 PM			9.50
Fri	9/17/21	9:00 AM	1:00 PM	1:30 PM	8:00 PM			10.50
Total Weekly Hours:								39.00

Employee Authorization

Hours entered by employee were submitted electronically.

Electronically Submitted on 9/17/21 6:50:47 PM PDT

by Samantha J Williams

Client Approval

The Total Hours as shown on this timesheet were approved electronically.

Electronically Approved on 9/20/21 2:57:10 PM PDT

by Alexander Korff



Week Ending Date: 9/10/21

Online Time Report

Employee ID	Name (Last, First Middle)
1007753477	Williams, Samantha J

Job Order Number	Client Company Name	Report To
0011954957	Pareteum Corporation	Korff, Alexander

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/4/21							
Sun	9/5/21							
Mon	9/6/21							
Tue	9/7/21	9:00 AM	1:00 PM	1:30 PM	5:30 PM			8.00
Wed	9/8/21	9:00 AM	1:00 PM	1:30 PM	6:00 PM			8.50
Thu	9/9/21	9:00 AM	1:00 PM	1:30 PM	7:00 PM			9.50
Fri	9/10/21							
Total Weekly Hours:								26.00

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/16/21 8:24:43 AM PDT
by Samantha J Williams

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/20/21 2:57:10 PM PDT
by Alexander Korff



Week Ending Date: 9/24/21

Online Time Report

Employee ID	Name (Last, First Middle)
1007753477	Williams, Samantha J

Job Order Number	Client Company Name	Report To
0011954957	Pareteum Corporation	Korff, Alexander

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/18/21							
Sun	9/19/21							
Mon	9/20/21	9:00 AM	1:00 PM	1:30 PM	8:00 PM			10.50
Tue	9/21/21	9:00 AM	1:00 PM	1:30 PM	8:00 PM			10.50
Wed	9/22/21	9:00 AM	1:00 PM	1:30 PM	8:00 PM			10.50
Thu	9/23/21	9:00 AM	1:00 PM	1:30 PM	8:00 PM			10.50
Fri	9/24/21	9:00 AM	1:00 PM	1:30 PM	8:00 PM			10.50
Total Weekly Hours:								52.50

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/24/21 6:47:44 PM PDT
by Samantha J Williams

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/26/21 12:36:32 PM PDT
by Alexander Korff



September 8, 2021

Personal & Confidential
LISA SIKIC
PARETEUM CORPORATION
1185 6TH AVE
NEW YORK, NY 10036-2601

Job Order Number: 02940-0011954957

Dear Lisa,

Thank you for selecting Robert Half to meet your talent solutions needs. Samantha Williams is scheduled to start with Pareteum Corporation as a Paralegal on 09-07-2021. As agreed, we will invoice your firm at the rate of \$81.19 per hour. Overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit a time report for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the enclosed General Conditions of Assignment and Terms of Payment.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

Robert Half
165 Broadway
Suite 2710
New York, NY 10006
(800) 870-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *Robert Half*. The following General Conditions of Assignment and the enclosed Terms of Payment apply to this assignment.

Scope of Background Inquiries	If our professional holds a license to practice law from the bar association of any U.S. state, or holds a certification from the National Association of Legal Assistants or National Federation of Paralegal Associations, we request confirmation of that licensure or certification. We generally conduct these checks the first time we place our professional on an assignment and not at any other points in time. Please notify us immediately if you require <i>Robert Half</i> to perform additional background checks or other placement screenings of our professional. We will conduct such additional checks or screenings for you only if they are described in a signed, written amendment to these General Conditions of Assignment.
Scope of Assignment	<p>Our professional is only authorized to perform work within the scope of the assignment. It is your responsibility to provide appropriate direction, guidance or oversight to our professional for satisfactory performance on your assignment. Unless otherwise agreed to in writing by <i>Robert Half</i>, you will not permit our professional to use computers or other electronic devices, software, services, tools, e-mail accounts or network equipment owned or licensed by our professional.</p> <p>It is expressly understood that our professionals are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>Robert Half</i>.</p>
Client's Responsibility	<p>It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Please notify us immediately if you require <i>Robert Half</i> to perform background checks or other placement screenings of our professional. We will conduct such checks or screenings for you only if they are described in a signed, written amendment to these General Conditions of Assignment.</p> <p>Cash Handling and Other Financial Transactions and Activities: If you permit or allow our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables, or conduct financial transactions or other related activities, you accept sole responsibility for all claims, demands and liability that may arise from permitting these activities. You represent and warrant that to the extent you permit or allow our professional to engage in the activities described in this paragraph, you will not permit or allow our professional to handle more than (i) \$1,000 per day if you are a non-profit entity, or (ii) \$25,000 per day if you are a for-profit entity.</p> <p>Workplace Safety: It is understood that you have full responsibility for: (i) providing safe working conditions as required by law, including compliance with all public health and occupational safety regulations and guidelines applicable to your business, and (ii) ensuring that safety plans exist for, and safety related training is provided to, our professional working on your premises. To ensure the safety of potentially vulnerable individuals on your premises, you agree not to permit our professional to have unsupervised or unmonitored contact with (1) minors and (2) adults who are under your care, custody or supervision because of mental health impairments.</p> <p>Government Contracts: If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional.</p> <p>Operation of Vehicles and Equipment: It is understood that we will not authorize our professional to operate machinery (other than office machines) or vehicles. If you wish to permit our professional to drive for business purposes, you accept sole responsibility for all liability, damages, injuries or other claims that may arise or be incurred as a result of driving. If you require our professional to drive a vehicle owned by you or an employee of your company, you agree to maintain such vehicle in good working condition and maintain all necessary and appropriate insurance for the operation of such vehicle. Under no circumstances will you permit our professional to: make bank deposits; carry cash in excess of \$100, negotiable instruments or other valuables while driving; or have passengers in the vehicle. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.</p> <p>Claims: It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will <i>Robert Half</i> be responsible for any claim related to the assignment, including but not limited to work performed by our professional, unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.</p>

Remote Work	You may request that our professional provide services to you remotely (i.e., from a location other than your or your customer's premises) using a laptop and/or other computer or telecommunications equipment provided by you or <i>Robert Half</i> (collectively, the "Equipment"). In such case, you acknowledge and agree that <i>Robert Half</i> shall have no control over, and you shall be solely responsible for, (i) the logical and physical performance, reliability and security of the Equipment or related devices, network accessibility and availability, software, services, tools and e-mail accounts (collectively, "Computer Systems") used by our professional, and (ii) the security, integrity and backing up, of the data and other information stored therein or transmitted thereby. Moreover, you must not permit our professional to save or store any of your files or other data on the Computer Systems provided by us (including, but not limited to, any virtual desktop infrastructure solution). You agree that we shall not be liable for any loss, damage, expense, harm, business interruption or inconvenience resulting from the use of such Computer Systems.
Placement of Licensed Attorneys	<p><i>Robert Half</i> is not a law firm and is not licensed to practice law and has not been retained to provide legal advice or services. In order to satisfy the requirements of the various state bars and similar organizations that regulate the practice of law, our placement of licensed attorneys (as project attorneys or in a non-attorney role, hereafter "Project Attorneys") with you is subject to the following terms and conditions:</p> <p>Our Project Attorneys will perform all duties within their skills related to the assignment, except they are not authorized to directly represent any person in a legal matter, sign pleadings, affidavits, correspondence with court officials, term sheets, settlement agreements or appear as the primary lawyer of record in any legal proceeding or render legal opinions on behalf of <i>Robert Half</i>, you or any other party while on assignment.</p> <p>Each Project Attorney will be under the control and supervision of an employee or partner of your firm who is an active member of the State Bar or otherwise authorized to practice law in the state where the Project Attorney is providing services. You will provide this supervision, determine that the Project Attorney has the requisite skill level, furnish all necessary resources to the Project Attorney and take all appropriate steps to protect client confidential information without any participation by <i>Robert Half</i>.</p> <p>You will consult with each proposed Project Attorney prior to any assignment to determine that any previous services performed by the Project Attorney will not create a conflict of interest, risk disclosure of client confidential information or present other ethical problems. If you determine that such a conflict of interest or other ethical problem exists, inform us immediately, and we will provide a replacement attorney with no charge to you for the time spent by the Project Attorney participating in this preliminary ethical determination.</p>
Limitation on Liability	We make no express or implied warranty, including, but not limited to, any warranty of quality, performance, merchantability or fitness for any purpose with respect to any services performed or any goods provided, including, but not limited to, financial or accounting services performed, or software developed, for you. Under no circumstances are we liable for any special, incidental, exemplary, indirect damages, lost profits or consequential damages (including, but not limited to, lost business, revenue, goodwill, or anticipated savings), even if informed of the possibility. Our liability, if any, will (in the aggregate for all claims, causes of action or damages) be limited to any actual direct damages up to an amount equal to the fees actually paid by you to us for the services that are the subject of the claim, regardless of the basis on which you are entitled to claim damages from us (including, but not limited to, fundamental breach, negligence, misrepresentation, or other contract or tort claim).
Confidentiality	<p>Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.</p> <p>You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.</p>
Insurance	In addition to workers' compensation insurance for our professional, we also maintain commercial liability insurance. <i>Robert Half</i> maintains no legal insurance covering Project Attorneys. Accordingly, you waive any right of recovery against <i>Robert Half</i> arising out of the work product or services provided or not provided by any licensed attorney assigned by <i>Robert Half</i> .
No Contrary Agreements	These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 02940-0011954957

Date: 09-07-2021

TERMS OF PAYMENT

Thank you for your confidence in *Robert Half*. Our professional for this assignment of Paralegal is Samantha Williams. The assignment will start on 09-07-2021. As agreed or otherwise communicated, we will invoice your firm at the rate of \$81.19 per hour. Should you wish to use our professional for other assignments, please let us know. The hourly billing rate may then change to reflect the experience necessary for the assignment. Call *Robert Half* for any changes in the assignment. We request a minimum thirty (30) days' notice prior to ending any assignment.

The following Terms of Payment apply to this assignment:

Guarantee	<i>Robert Half</i> guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with our professional, <i>Robert Half</i> will not charge for the first eight hours of work by the professional, provided that <i>Robert Half</i> is allowed to replace the professional. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional is satisfactory.
Time Report	Our professional will submit a time report for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Assignment and these Terms of Payment. Our compensation to our professional is on a weekly basis, and you will be billed weekly for the total hours of work by the professional, including time spent completing, revising, and/or resubmitting a time report during business hours, and we ask that you respect those guidelines. Because <i>Robert Half</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
Project Attorney Fees	The fees paid to <i>Robert Half</i> are solely for locating, recruiting and paying Project Attorneys and no portion of such amount shall be deemed to represent legal fees paid to <i>Robert Half</i> .
Overtime	Overtime will be billed at 1.50 times the normal billing rate. Overtime applies when hours of work by the professional exceed 40 hours per week (and in California exceed more than 8 hours in a day and as other state laws may require). If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
Hiring the Person Referred to You	<p>After you evaluate the performance and potential of our professional, you may wish to employ this person directly. Our professionals represent our pool of skilled professionals and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.</p> <p>The conversion fee will equal 35% of the professional's aggregate annual compensation, including bonuses.</p> <p>The conversion fee will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.</p>
Employment Taxes and Withholdings	<i>Robert Half</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
General Conditions	<p><i>Robert Half</i> may charge you a technology fee for the provision of equipment or technology, if you request that our professional use equipment or technology provided by us. <i>Robert Half</i> may also increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the technology fees and/or increase in our rates. Any increase in our rates will be prospective, starting as of the effective date <i>Robert Half</i> specifies.</p> <p>A copy of the General Conditions of Assignment has been provided to you. We reserve the right to replace our professional.</p>

Job Order: 02940-0011954957

Date: 09-07-2021