



SERVICES AGREEMENT

This Services Agreement (“Agreement”) is made and entered into as of this 1st day of September, 2023 (“Effective Date”) by and between Breckpoint, Inc., a Nevada corporation (“Company”) and Mid-Ohio Educational Service Center, a OH (state) Corporation (company type) (“Client” or “you”). Company and Client are sometimes referred to herein as “Parties” or individually as “Party”.

In consideration of the covenants and promises set forth below and other consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

1. Self-Insured Plan: You acknowledge and represent to Company that you have elected to self-fund an employee welfare benefit plan, as defined by the Employee Retirement Income Security Act (“ERISA”) and regulated by the United States Department of Labor (“Plan”). By making this election, you further represent and acknowledge that you assume the obligations, risks and financial responsibilities of the Plan, including the payment of Plan members’ claims, ensuring the Plan is adequately funded, collecting sufficient evidence that the Plan and the selected Program (as defined below) have been offered to your employees, and legal compliance. In the event this Agreement is terminated for any reason, such termination does not alleviate your responsibilities under the Plan, including, without limitation, that you must continue to pay the claims under your Plan, whether you seek other service providers to help administer or self-administer the Plan after such termination. If you wish to change your Plan, you must provide written notice to Company at least sixty (60) days’ prior to the effective date of such change; provided, however, that Company’s obligations herein may be modified, suspended or terminated, in Company’s sole and absolute discretion, in the event of any change in your Plan.

2. Selected Program: You have selected a Company designed program to assist you in administering your Plan (“Program”). You are responsible to comply with the provisions of the Program and Sections 5000A, Subsection 36B(c)(2)(c)(ii), and other applicable provisions of the Internal Revenue Code (“Code”) and applicable law. Without limiting the foregoing sentence, it is your responsibility to: (a) provide and maintain minimum essential coverage (“MEC”) and offer health coverage under an eligible employer-sponsored plan that meets minimum value and affordability standards (“MVP”); and (b) provide and collect sufficient documentation and/or other evidence to support that you have offered the respective Program to your employees in accordance with your Plan. In the event you do not offer the MVP or otherwise do not comply with the Code, you acknowledge that you may be subject to employer shared responsibility penalties under Code 4980H.



3. Application and Participation: You must complete and return the application provided by Company. Additional information may be required during the application process. Processing, timing, and approval of your participation in the Program are dependent on you providing Company complete and accurate information and subject to Company's express written authorization. Failure to complete and return an accurate application may result in delays or suspension of services, including the setup of your Plan and the start of the Program.

4. Legal Compliance. You covenant, represent and warrant that you shall comply and maintain compliance with all applicable laws and regulatory requirements relating or arising from the Plan and as an employer, including, without limitation, compliance with the provisions of ERISA, the Code, the Patient Protection and Affordable Care Act ("ACA"), any state surcharges required on claims and eligible enrollees, Health Insurance Portability and Accountability Act ("HIPAA"), as amended, and the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

5. Term. This Agreement shall be effective from the period beginning on the Effective Date and, unless terminated earlier, continuing until the end of the applicable benefit year for the Program ("Term").

6. Your Obligations. Without limiting the generality of Section 1 (including, without limitation, that you assume the obligations, risks and financial responsibilities of the Plan), you shall have the following obligations pursuant to this Agreement:

a. Plan Design. You are the Plan sponsor and shall be solely responsible for the Plan, including, without limitation, the selection and determination of the Plan design, the benefits to be provided, eligibility for coverage and the funding method to be used for the Plan.

b. Plan Administrator. You are the Plan administrator and the named fiduciary of the Plan under the provisions of ERISA, with the authority to control the operation and administration of the Plan. The Plan Administrator's powers and duties include, but are not limited to, the following: (1) you shall have the responsibility and discretionary authority to interpret and decide all questions of eligibility and entitlement to benefits and determine the amount, manner, and time of payment of benefits or participant contributions; review and make final decisions on appealed benefits claims, and interpret the provisions of the Plan for purposes of resolving any inconsistency or ambiguity, correcting any error or supplying information to correct any omitted term; (2) you shall appoint any fiduciaries and advisors necessary or convenient to assist you in the administration of the Plan, including legal counsel, accountants, and other professionals; (3) you shall be responsible to communicate to participants all information required by ERISA and other applicable law concerning the Plan, including, without limitation, summary plan descriptions,



summaries of material modifications, notices of material benefit reductions, and summary annual reports; (4) you shall provide to Company all information reasonably requested by Company to perform its duties and to calculate its fees under this Agreement, including, without limitation: (A) prior to the Effective Date, the Employer shall provide a complete and accurate enrollment list for the Plan; (B) on or before the twenty-third (23rd) day of each month or other day reasonable designated by Company, you shall upload to your employer portal a list of persons commencing or terminating participation as of the first day of the following month; (5) if the Company is assisting you the preparation of any reporting, you shall be responsible to verify and validate all information provided to you by Company prior to each deadline set forth for Form 1094 and 1095 reporting, Form 5500 reports, and any other returns and reports concerning the Plan, required by ERISA, the Code and other applicable law; and (6) as further elaborated in Section 4 above, you shall be responsible for compliance with applicable federal, state and local legislation and regulations.

c. Network Agreements. You hereby agree and shall comply with the terms and conditions of the agreement with the provider network designated or otherwise selected for the Program and your Plan (such agreement being the “Network Agreement” and such designated or selected provider network being the “Selected Network”), including, without limitation, that you shall pay the participating providers and fund the assigned claims at the contracted rates designated in the Network Agreement. Without limiting the generality of the foregoing, you: (1) will utilize the Selected Network as your primary medical provider network in the applicable service area; (2) will comply with the requirements of the administrative guide designated by the Selected Network, as amended from time to time; (3) acknowledge and agree that: (A) the participating providers are entitled to receive the full amount of the contracted rates, regardless of your Plan design; (B) any amounts not covered by the Plan will be billed and collected from the Plan member; (C) the Plan or Program shall not apply any rates other than the contracted rates to claims for covered services from participating providers, nor shall it apply any reductions of any kind to the contracted rates, such as usual and customary charges; (D) in order to preserve the viability of applicable Selected Networks for the benefit of all applicable parties, the Selected Network will not be made available to and cannot be accessed by plans that make payment to participating providers on any basis other than that portion of the contracted rate which exceeds copayment, coinsurance and deductible amounts specified in the applicable Program or Plan, such as based on usual and customary charges, or Medicare allowable amounts, or a percentage of Medicare rates; (E) will not utilize the services of any third party to perform processing/adjudicating, claims repricing or provider/customer services without Company’s prior written consent; and (F) the list of participating providers may change from time to time, with or without notice, and you and the Plan members are obligated to confirm with the participating provider the participating provider’s participation in the Selected Network; (3) will: (A) maintain information and records relating to



services provide under the Network Agreement in a current, detailed, organized and comprehensive manner and in accordance with industry standards, all applicable federal and state laws, and accreditation standards; (B) treat all Plan member's records and confidential information as confidential and in accordance with applicable state and federal laws and regulations and (C) maintain such information and records for the longer of seven (7) years after the last date participating provider services were provided to a Plan member, or the period required by applicable law; and (4) where it is required by state law, and in the event the Company, you or a participating provider, as the case may be (in accordance with the Company's and your rules and procedures) determines that it is medically necessary to refer a Plan member to a non-participating provider, you shall ensure that the Plan member incurs no greater out of pocket liability than had the member received services through a participating provider; provided however, that notwithstanding the foregoing, you acknowledge that a member who willfully and voluntarily chooses to access a non-participating provider for health care services available through the panel of participating providers may be subject to financial penalties established by your Plan.

7. Company Services. Subject to the other terms and conditions of this Agreement (including, without limitation, your compliance with your payment obligations), Company will use reasonable efforts to provide the following services in connection with the Program and applicable law: (a) deliver Plan documents related to the implementation of the Program; (b) coordinate the review of claims in accordance with procedures and practices provided for in the Plan; (c) coordinate the processing of your payment of the applicable claims (provided, however, that Company does not and shall not assume any obligation for any funding of such claims payments); (d) provide information regarding a provider network, if applicable; (e) print and deliver identification cards; (f) arrange for prescription drug card discounts and other related benefits, if applicable to the Plan and/or Program; (g) assist you in regulatory reporting; provided, however, that a fee designated by Company may, in Company's sole discretion, be applied and we may charge additional fees in the event you provide inaccurate information or otherwise request that we update forms or other documentation needed to assist in regulatory reporting; (h) assist in limiting or obtaining reimbursements attributable to certain adverse loss, such as identifying potential third parties that may be responsible for paying certain claims or losses; and (i) provide other administration services provided by Company from time to time.

8. Participant Contract. If applicable, you will: (a) execute and enter into a participant contract and/or other agreement(s) ("Participant Contract") corresponding to a cell within Breckpoint Insurance Company, LLC, a Tennessee series limited liability company captive facility (or other approved structure), applicable to a reinsurance or stop loss policy assuming risks from your Plan under the terms and conditions of the Program; (b) pay all applicable amounts from the invoices; (c) be responsible for all tax returns and other costs applicable to the Participant Contract



that may not be included in the invoices; (d) comply with all Tennessee and/or other applicable jurisdiction regulatory requirements and Company participation requirements; and (e) execute all documents and/or take all other necessary steps required to enter into the Participant Contract and any other related documents, including, without limitation, providing audited financials and/or designating and authorizing a third party administrator.

9. Payments: You shall pay all amounts due in a timely manner. Service fees and other amounts due will be billed based on the census data provided by you and the applicable minimum participation requirement designated on **Exhibit 1**. In the event that the actual employee participation falls below the minimum participation requirement, you will be obligated to pay the amount corresponding to the minimum participation requirement. Accuracy of census data is your sole responsibility. In the event your Plan has approved claims and your Plan is not adequately funded to cover such claims, you will be responsible for payment of the claims in full via electronic debit or other electronic method designated by Company in accordance with the claims payment set forth in Section 12 below. A schedule of your offerings and rates is attached as **Exhibit 1**. Company's service fees are based on services directly provided by Company; provided however, that Company shall have the right to use some of the service fees and/or other amounts paid to Company to purchase or otherwise access reinsurance and/or other protection on your behalf. Company does not provide any tax, legal, audit, actuarial, or regulatory advice and you should obtain any such advice from applicable third party professionals. Any amounts due for such professional or other services should be billed to you directly from such professional or service provider; provided, however, that you hereby authorize Company to pay for such services on your behalf and you will reimburse Company for such payments. Postage costs for mailed or fulfilled compliance forms and any other applicable costs may, in Company's discretion, be billed at the time of service and may be included in a subsequently invoice. If you choose to pay via credit card, you will be subject to a processing fee not to exceed 5% of your total invoiced amount. This fee will be added to and/or included in the corresponding invoice. You must bring any eligibility or billing issues to Company's attention promptly (and no later than 30 days after the receipt of the applicable billings) and any adjustment may be reflected in the subsequent billing.

10. Late Payments You will make all payments on or before the due date identified on the respective invoice. Any payments received by Company after the due date will be considered a late payment and will be subject to a late fee of two percent (2%) of the outstanding invoice amount. In addition to all other rights and remedies available to Company, if any payments are late (or returned due to non-sufficient funds), Company has the right to require automated electronic payments, apply any available Plan funds, suspend all activity (which may result in suspension or termination of additional provisions or benefits provided in the applicable Program), and/or terminate this Agreement.



11. Census Management. The initial census provided by you (“Initial Census”) and any other census data must be populated and provided to Company in accordance with the directions provided by Company. The Initial Census may be uploaded by you using the employer portal prior to the start of your open enrollment and may be used to determine amounts due. The Initial Census will be used for enrollment purposes and otherwise determining which employees are eligible and participating in the Plan and the corresponding Program (the eligible and participating employees identified during the enrollment process being the “Final Census”). The amounts due may be adjusted depending on the Final Census and the Periodic Census (as defined below). On or before the last Saturday of each week or month or other day reasonably designated by Company (“Census Due Date”), you may upload through the employer portal a census management file (“Periodic Census”) and estimated amounts will be adjusted depending on the applicable Periodic Census. You will not be permitted to make retroactive edits to the Final Census or Periodic Census beyond thirty (30) days from the Effective Date or the submission of the applicable Periodic Census.

12. Claims Payment: You acknowledge and agree that amounts paid to Company may be used to pay for claims on your behalf or reimburse you for eligible claims you have paid in accordance with the Program. Any such payments of claims are made upon receipt and acceptance by Company of all the required documentation. Required documentation shall include proof of loss and proof of payment for eligible expenses under the Plan, and any additional supporting documentation requested by Company. Company or a third party designated by Company will have sole authority to pay on your behalf or reimburse you for eligible claims or deny claims under this Agreement. Once amounts are deemed accepted, Company will coordinate the applicable payment on your behalf within forty-five (45) days. Should your Plan not have adequate funding to pay the accepted claim, you shall promptly pay the adequate funding or authorize Company to electronically debit your account provided within this Agreement (“Account”) and payment will be processed within three (3) business days after the claims statement is released. If a claim is denied in whole or in part, Company shall use reasonable efforts to notify the claimant in writing of the denial and of the claimant's right to appeal the claim denial. The terms of the Plan and the claims processing regulations will be adhered to when resolving claim appeal determinations on behalf of the Plan. Company will use reasonable efforts to complete processing of all claims for benefits incurred prior to termination for a run-out period of ninety (90) days following the termination of the Plan; provided you agree to deposit or retain sufficient funds in the Account to pay for all claims paid or incurred during the ninety (90) day post-termination run-out period.

13. Termination. Either Party may terminate the Agreement by notifying the other Party, in writing, of the intent to terminate at least thirty (30) days prior to the desired termination date. All



termination dates should reflect the last day of the month. If written notification is received with less than a 30-day notice, termination may be accepted by Company, however a \$2,000 cancellation fee will be applied to your account. If you are unable to pay or fail to deposit sufficient funds in the Account to pay claims paid or incurred under the Plan that are not in dispute or if you fail to pay any other amounts as they become due, Company may suspend its services and/or terminate this Agreement, in addition to all other rights or remedies available to Company, including, without limitation, that Company may, but is in no case obligated to, apply a \$2,000 cancellation fee and/or notify your employees and dependents covered under the Plan that your Plan may no longer be active. Your obligation to pay all outstanding invoices, fees and claims shall survive termination. You acknowledge that termination of this Agreement and/or Company's services does **not** alleviate your responsibilities under your Plan.

14. Independent Contractor Relationship. This Agreement is intended to form an independent contractor relationship between you and Company. This Agreement is not to be deemed or construed to create a relationship of employer or employee, partnership, fiduciary, joint venture, or any other relationship between the parties.

15. Indemnification. You shall defend, indemnify and hold Company and its managers, employees, representatives, affiliates and agents (the "Indemnified Parties") harmless from and against any damages, claims, actions, demands, lawsuits, costs, expenses and any other losses ("Losses") incurred by any of the Indemnified Parties with respect to, arising from or out of any claim that relates to or arises out of any your acts or omissions or a breach by you of the terms of this Agreement.

16. Disclaimer/Limitation of Liability. ALL COMPANY SERVICES ARE PROVIDED "AS IS." COMPANY MAKES NO REPRESENTATIONS, WARRANTIES, OR CONDITIONS OF ANY KIND, EXPRESS OR IMPLIED AND DISCLAIMS ANY AND ALL WARRANTIES, CONDITIONS OR REPRESENTATIONS, WHETHER OR NOT IMPLIED, ORAL OR WRITTEN, WITH RESPECT TO SERVICES, OR ANY OF THE TRANSACTIONS REASONABLY CONTEMPLATED BY THE PARTIES PURSUANT TO THIS AGREEMENT INCLUDING, WITHOUT LIMITATION, ANY AND ALL IMPLIED WARRANTIES (some jurisdictions do not allow the exclusion of implied warranties, so the exclusion of implied warranties may not apply to You) OR CONDITIONS OF TITLE, NON INFRINGEMENT, MERCHANTABILITY, FITNESS OR SUITABILITY FOR ANY PURPOSE (WHETHER OR NOT COMPANY KNOWS, HAS REASON TO KNOW, HAS BEEN ADVISED OR IS OTHERWISE, IN FACT, AWARE OF ANY SUCH PURPOSE), WHETHER ALLEGED TO ARISE BY LAW, BY REASON OF CUSTOMER USAGE IN THE TRADE OR BY COURSE OF DEALING. COMPANY (AND ITS REPRESENTATIVES, AFFILIATES AND



LICENSORS) SHALL NOT BE LIABLE TO YOU (OR TO ANY PERSON CLAIMING ANY RIGHT, TITLE OR INTEREST DERIVED FROM OR AS SUCCESSOR TO YOUR RIGHT, TITLE AND INTEREST), WHETHER IN CONTRACT, TORT (INCLUDING, WITHOUT LIMITATION, NEGLIGENCE), OR ANY OTHER THEORY OF LAW OR EQUITY FOR INCIDENTAL, INDIRECT, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY KIND, INCLUDING, WITHOUT LIMITATION, LOST REVENUES OR PROFITS, LOSS OF BUSINESS, LOSS OR CORRUPTION OF CONTENT, INTERRUPTION OR COMPUTER FAILURE ARISING OUT OF THIS AGREEMENT, IRRESPECTIVE OF WHETHER THE PARTIES HAVE ADVANCE NOTICE OF THE POSSIBILITY OF SUCH DAMAGES AND IN NO EVENT SHALL COMPANY OR COMPANY'S REPRESENTATIVES, AFFILIATES AND LICENSORS BE LIABLE TO YOU (OR TO ANY PERSON CLAIMING ANY RIGHT, TITLE OR INTEREST DERIVED FROM OR AS A SUCCESSOR TO YOUR RIGHT, TITLE AND INTEREST) IN AND FOR AN AMOUNT THAT EXCEEDS THE FEES, IF ANY, RECEIVED BY COMPANY FROM YOU WITHIN THE THREE (3) MONTHS PRIOR TO TERMINATION OF THIS AGREEMENT. THE FOREGOING LIMITATION OF LIABILITY REPRESENTS THE ALLOCATION OF RISK OF FAILURE BETWEEN THE PARTIES AS REFLECTED IN THE PRICING HEREUNDER AND IS AN ESSENTIAL ELEMENT OF THE BARGAIN BETWEEN THE PARTIES.

17. Governing Law/Venue. This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada without regard to conflicts of law principles. Each Party consents to personal jurisdiction, as well as exclusive venue for any claim regarding or arising out of this Agreement in the appropriate state or federal court located in Clark County, Nevada.

18. Entire Agreement. This Agreement constitutes the entire agreement between the parties with respect to the subject matter of this Agreement. No prior or contemporaneous representations, inducements, promises, or agreements, oral or otherwise, between the parties with respect to the subject matter of this Agreement shall be of any force or effect.

Signature Page Follows



IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized representatives and signify their respective Party's understanding and acceptance of this Agreement by signing below. When countersigned by Company, the Agreement shall be effective as of the Effective Date.

CLIENT: Mid-Ohio Educational Service Center

Signature: 

Name: Jennifer Reed

Title: HR Director

Date: 08/28/2023

COMPANY: BRECKPOINT, INC.

Signature: 

Name: B Trent Harper

Title: President

Date: 08/31/2023



EXHIBIT 1 – Offering & Rates*

** Actual offering and rates may vary depending on the Final Census, Periodic Census, minimum participation requirements, further underwriting, and/or other adjustments identified in the Services Agreement*

[See signed Plan Checklist with offering and rates attached on next page]



breckpoint®

LEAD TOGETHER

YOUR PLAN CHECKLIST

Prepared For: Mid-Ohio Educational Service Center

Proposed Effective Date: 09/01/2023

Will you be Auto-Enrolling Full-Time Employees? ☐ Yes ☒ No Will you be using a third-party enrollment firm? ☐ Yes ☒ No

Number of Full Time Equivalent (FTE) Employees: 10

Product Selection Check all products to include in plan offering	Base PEPM Rate	Direct Virtual Primary Care (MeMD)	Complete Rx (Shield PBM)	Mental Health Tele-Therapy (MeMD)	Employee Assistance Program (CorpCare)	Total PEPM Rate	Claims Funding	Employer Contribution (insert \$ amount)
		\$22.00	\$7.00	\$6.00	\$3.00			
<input checked="" type="checkbox"/> MEC	\$ 60.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 60.00	\$ 6.00	\$
<input type="checkbox"/> Pro	\$ 74.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$ 14.00	\$
<input type="checkbox"/> Preferred	\$ 90.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$ 26.00	\$
<input type="checkbox"/> Pro+	\$ 114.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$ 41.00	\$
<input type="checkbox"/> Advantage	\$ 181.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$ 71.00	\$
<input type="checkbox"/> Compliance MVP	\$498.50	---	---	---	---	---	Subject to final underwriting and employer retention limit	
<input type="checkbox"/> Dental + Vision	\$ 26.00	---	---	---	---	\$	\$ 9.00	\$
<input type="checkbox"/> Dental Pro	\$ 38.00	---	---	---	---	\$	\$ 16.00	\$
<input type="checkbox"/> Healthcare Advocacy Program	\$ 8.00	---	---	---	---	\$ 8.00	---	\$ 8.00

Please Note:

- Minimum participation requirements do apply. Some products can be combined to meet the requirements as outlined below.

Product Offering	Minimum Participation Requirement
MEC and/or Pro/Preferred	10 Combined Minimum
Pro+/Advantage	25 Per Product Minimum
Dental Pro and/or Dental + Vision	10 Combined Minimum
Healthcare Advocacy Program	Must be offered to the entire employee population.

- It is strongly recommended that employers contribute at least the claim funding portion of the rate towards the employee benefit plan. When this recommendation is followed, excess claims funds can generally be returned directly to the employer.
- Some products include a reimbursement policy to protect against claims exceeding a certain retention limit. Minimum retention limits do apply - see Understanding Your Plan for details.
- Initial charges will include a one-time set up fee of \$1,000.

If employer contributions are less than the claim funding portion, please select the option you prefer to apply:

- ☐ **Option 1** Claim funding will be held and not returned. At renewal, the existing claims fund will be evaluated and may reduce the overall cost of the plan.
- ☒ **Option 2** Excess claim funds may be returned to the plan sponsor in certain circumstances. If excess claim funds are returned, the employer shall remain solely responsible to adhere to ERISA and other legal requirements with respect to such excess claim funds.

Employer is responsible for total plan costs including claim funding and collecting employee contributions if applicable. In the event employee participation falls below the minimum participation threshold, the employer will be obligated to pay the amount corresponding to the minimum participation requirement. In the event claim funding is deficient, the employer will be obligated to fund the claims accordingly (up to a retention limit - if applicable).

I acknowledge the terms, conditions, and plan design(s) outlined in this proposal.

Jennifer Reed
Employer Signature

Jennifer Reed
Print Name

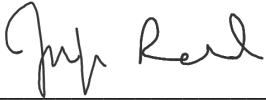
08/01/2023
Date

BY THIS AGREEMENT AND THE SIGNATURE BELOW, Mid-Ohio Educational Service Center does hereby acknowledge the receipt of and adopts the Plan Document(s) as shown for the following:

THE Mid-Ohio Educational Service Center Minimum Essential Coverage Group Health Plan, Effective: September 1, 2023

IN WITNESS WHEREOF, this instrument is executed for Mid-Ohio Educational Service Center on or as of the day and year first below written.

Mid-Ohio Educational Service Center


Signature: _____

Name: Jennifer Reed

Title: HR Director

Date 08/28/2023

SIGNATURE CERTIFICATE

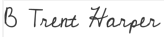



REFERENCE NUMBER

0B5EB2D3-AAB5-4437-A371-E82110C9BA6E

TRANSACTION DETAILS	DOCUMENT DETAILS
<div>Reference Number</div> <div>0B5EB2D3-AAB5-4437-A371-E82110C9BA6E</div> <div>Transaction Type</div> <div>Signature Request</div> <div>Sent At</div> <div>08/17/2023 11:22 EDT</div> <div>Executed At</div> <div>08/31/2023 22:20 EDT</div> <div>Identity Method</div> <div>email</div> <div>Distribution Method</div> <div>email</div> <div>Signed Checksum</div> <div>3c92fc1c4b629128f1cddb97247d45fcf1040cea5ff3afbb989f3e057e55c327</div> <div>Signer Sequencing</div> <div>Enabled</div> <div>Document Passcode</div> <div>Disabled</div>	<div>Document Name</div> <div>2023 Breckpoint Services Agreement- Mid-Ohio Educational Service Center</div> <div>Filename</div> <div>2023_breckpoint_services_agreement-_mid-ohio_educational_service_center.pdf</div> <div>Pages</div> <div>12 pages</div> <div>Content Type</div> <div>application/pdf</div> <div>File Size</div> <div>572 KB</div> <div>Original Checksum</div> <div>54943d75cd77b9fc0d1dee5c0d4affaed3a8fdefbe6774502f5e6cb5c0c995cc</div>

SIGNERS

SIGNER	E-SIGNATURE	EVENTS
<div>Name</div> <div>Trent Harper</div> <div>Email</div> <div>trent.harper@breckpoint.com</div> <div>Signer Sequence</div> <div>1</div> <div>Components</div> <div>2</div>	<div>Status</div> <div>signed</div> <div>Multi-factor Digital Fingerprint Checksum</div> <div>f5fb6198cf5b2bdc19e61c5a9e56bd2c358d057b4018ed0e8e028114ff782112</div> <div>IP Address</div> <div>27.254.250.170</div> <div>Device</div> <div>Chrome via Windows</div> <div>Typed Signature</div> <div></div> <div>Signature Reference ID</div> <div>F5C1A9EF</div>	<div>Viewed At</div> <div>08/31/2023 22:20 EDT</div> <div>Identity Authenticated At</div> <div>08/31/2023 22:20 EDT</div> <div>Signed At</div> <div>08/31/2023 22:20 EDT</div>
<div>Name</div> <div>Jenny Reed</div> <div>Email</div> <div>reed.jennifer@moesc.net</div> <div>Signer Sequence</div> <div>0</div> <div>Components</div> <div>8</div>	<div>Status</div> <div>signed</div> <div>Multi-factor Digital Fingerprint Checksum</div> <div>cd48975ab6e80aaa625686439f835286905477107168e9c049b1ded75bc9ba73</div> <div>IP Address</div> <div>208.108.113.129</div> <div>Device</div> <div>Microsoft Edge via Windows</div> <div>Drawn Signature</div> <div></div> <div>Signature Reference ID</div> <div>CF1E3141</div> <div>Signature Biometric Count</div> <div>3</div>	<div>Viewed At</div> <div>08/29/2023 07:45 EDT</div> <div>Identity Authenticated At</div> <div>08/29/2023 07:46 EDT</div> <div>Signed At</div> <div>08/29/2023 07:46 EDT</div>

AUDITS

TIMESTAMP	AUDIT
08/17/2023 11:22 EDT	Melynda Barquin (melynda.barquin@freedomcareenrollment.com) created document '2023_breckpoint_services_agreement-_mid-ohio_educational_service_center.pdf' on Chrome via Windows from 172.221.12.235.
08/17/2023 11:22 EDT	Jenny Reed (reed.jennifer@moesc.net) was emailed a link to sign.
08/21/2023 19:00 EDT	Jenny Reed (reed.jennifer@moesc.net) was emailed a reminder.

TIMESTAMP	AUDIT
08/25/2023 08:01 EDT	Jenny Reed (reed.jennifer@moesc.net) viewed the document on Microsoft Edge via Windows from 208.108.115.62.
08/25/2023 19:05 EDT	Jenny Reed (reed.jennifer@moesc.net) was emailed a reminder.
08/28/2023 19:59 EDT	Jenny Reed (reed.jennifer@moesc.net) viewed the document on Microsoft Edge via Windows from 174.105.119.189.
08/29/2023 07:44 EDT	Jenny Reed (reed.jennifer@moesc.net) viewed the document on Microsoft Edge via Windows from 208.108.113.129.
08/29/2023 07:45 EDT	Jenny Reed (reed.jennifer@moesc.net) viewed the document on Microsoft Edge via Windows from 208.108.113.129.
08/29/2023 07:46 EDT	Jenny Reed (reed.jennifer@moesc.net) authenticated via email on Microsoft Edge via Windows from 208.108.113.129.
08/29/2023 07:46 EDT	Jenny Reed (reed.jennifer@moesc.net) signed the document on Microsoft Edge via Windows from 208.108.113.129.
08/29/2023 07:46 EDT	Trent Harper (trent.harper@breckpoint.com) was emailed a link to sign.
08/31/2023 18:54 EDT	Trent Harper (trent.harper@breckpoint.com) viewed the document on Microsoft Edge via Windows from 27.254.250.170.
08/31/2023 18:56 EDT	Trent Harper (trent.harper@breckpoint.com) viewed the document on Chrome via Windows from 27.254.250.170.
08/31/2023 22:20 EDT	Trent Harper (trent.harper@breckpoint.com) viewed the document on Chrome via Windows from 27.254.250.170.
08/31/2023 22:20 EDT	Trent Harper (trent.harper@breckpoint.com) authenticated via email on Chrome via Windows from 27.254.250.170.
08/31/2023 22:20 EDT	Trent Harper (trent.harper@breckpoint.com) signed the document on Chrome via Windows from 27.254.250.170.