INVOICE

Invoice #: MIT/2014-15/EDD/014

Invoice Date: 30-Apr-14



36 East 12th Street, Suite # 402 New York, NY 10003. Phone:914-461-4342

BILL TO:

WASHINGTON DC - 2005 USA

Responsive Data Solutions 1331-H Street N.W

	Order #	Order Date	Project fro	m:		Copy To:	
Sr.No		Services	Q	uantity	Unit Price	Per	Amount
	123			1.000	\$ 1.0000	Case/File	\$ 1.00
	Diagos I	Pay From This Invoice		1	1	TOTAL	\$ 1.00
Customer's duly authorized signature below is an agreement that the above						IOIAL	\$ 1.00
described work has been received and accepted by Customer. Customer assures payment of this invoice. Any discrepancy in the invoice is to be reported within 7 days from the date of receiving this invoice.				In Words: USD ONE ONLY			
reporte	d within / days from the	e date of receiving this invol	ce.				
					DAY THIS	AMOUNT (\$)	\$ 1.00
	ant Batalla.				PAT INIS	ANUUNI (\$)	\$ 1.00

Payment Details:

Payment should be transferred to:

CITI Bank N.A.

A/c. No.9941997093 Routing No. 021000089 MADHVI BHANDARI CHIEF OPERATING OFFICER

----THE PERSON SIGNING THIS INVOICE ON BEHALF OF CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO.----

Received and Accepted By:	Thank You For Your Business!	Date: