INVOICE

Project from:

Invoice #: MIT/2014-15/EDD/008

Copy To:

Invoice Date: 30-Apr-14



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

Order #

BILL TO:

Responsive Data Solutions 1331-H Street N.W WASHINGTON DC - 2005 USA

Order Date

Sr.No	S	ervices	(Quantity	Unit Price	Per	Amount
	asd			1.000	\$ 1.0000	Case/File	\$ 1.00
	Please Pay	From This Invoice				TOTAL	\$ 1.00
describe assures	er's duly authorized signatu ed work has been received a payment of this invoice. An d within 7 days from the dat	re below is an agree nd accepted by Cust y discrepancy in the	comer. Customer invoice is to be	In Words:	USD ONE ONLY	22.000	¥ 2102
	Date il				PAY THIS	AMOUNT (\$)	\$ 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: