INVOICE

Invoice #: MIT/2014-15/EDD/003

Invoice Date: 30-Apr-14



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

BILL TO:

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

| Order # | Order Date Proje | | m: | Сору То: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|-----------|----------------|-------------|---------|
| Sr.No | Services | 0 | uantity | Unit Price | Per | Amount |
| 1 asd | | | 1.000 | \$ 1.0000 | Case/File | \$ 1.00 |
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| Please Pay From This Invoice | | | | | TOTAL | \$ 1.0 |
| Customer's duly authorized signat described work has been received assures payment of this invoice. A reported within 7 days from the d | cure below is an agreement and accepted by Custom Any discrepancy in the inv | er. Customer voice is to be | In Words: | : USD ONE ONLY | | |
| | | | | PAY THIS | AMOUNT (\$) | \$ 1.0 |

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: |
|---------------------------|------------------------------|-------|
| | | |