What are the actual people spending? How much of that revenue can we extract and automate?

Out of 950+, who are requiring continuous monitoring?

Understand out of the five-years who are the people cost the most when that happens. Who are the people to target.

What is the path to FDA going through us?

We are creating a pain point, instead of solving a pain points?

Is there a loophole where you are not updating the model but you are providing the recommendation instead?

Observability for now and target in the late round you can work with a venture company that has a good robbing group to make sure we are capturing the FDA market to help them detect and update the models.

They are already getting the MLOps from databricks,

Ensurers and how we can integrate with them and do the

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