



**Exhibit to Order Form for Professional Services  
Change Control Authorization**

<b>Subscriber Information:</b>		<b>DSI Project Manager:</b>	
Subscriber: Authorized Contact Name: Telephone: Email:		Project Manager Name: Telephone: Email:	
<p>Order Form: Subscriber and DSI are parties to the Order Form, which includes Professional Services, dated _____, and parties agree to modify or amend such Order Form as described herein. Capitalized terms not defined herein will have the meaning set forth in the Order Form, the Agreement and the Appendices, if any. Except as explicitly stated herein or waived below, the Order Form shall remain in full force and effect. The execution, deliver and effectiveness of this Change Control Authorization shall be limited exactly as is written.</p> <p><i>* NOTE: Change Controls may modify a Professional Services SOW ONLY; all changes to Subscription Services quantities or durations shall be null and void.</i></p>			
<b>Change Control No.</b>		<b>SOW / Project Number:</b>	
<b>Change Type</b>	<b>Description / Costs</b>	<b>Date Scheduled</b>	
<b>Scope:</b>			
<b>Schedule:</b>			
<b>Cost:</b>			
<b>Description of Change</b>			
[PROVIDE A DETAILED DESCRIPTION OF THE CHANGE.]			
<b>Impact of Change</b>			
Scope:			
Schedule:			
Cost –Incremental / Overall:			
Resources:			
<b>Acceptance</b>			
<p>The undersigned certifies that he or she is an authorized representative of Subscriber and has full authority to sign this Change Control Authorization and enter into an Agreement on behalf of Subscriber.</p> <p>By signing below, the authorized Subscriber representative acknowledges that this Change Control Authorization is bound to the Terms and Conditions as originally agreed to within the referenced Statement of Work. This form may be used to add cost to the project or to document decisions and agreement between both parties.</p> <p>Receipt of an executed Change Control Authorization by Dude Solutions via facsimile or electronic signature is considered a valid and legally binding form of receipt.</p>			
<b>DUDE SOLUTIONS, INC.</b>		<b>SUBSCRIBER</b>	
Signature:		Signature:	
Printed Name:		Printed Name:	
Title:		Title:	
Date:		Date:	