



**HURRICANE ELECTRIC
INTERNET SERVICES**

760 Mission Ct. * Fremont, CA * 94539

Service Order

Date: Oct 6, 2015

Order Type: New
Term: 3-Months

Prepared For: Low Power Company, Inc.
Contact: Andrew Sharp
Email: andy@lopoco.com

Description:
Colocation on 100 Mbps switched port.
Service delivered at Hurricane Fremont-2 48233 Warm Springs Blvd. Fremont, CA
Introductory 30" deep Cabinet Promotion.

Prepared By: Savane Peters
510-580-4196
savane@he.net

One-Time setup Charges	Quantity	Unit Price	Cost USD
NRC Setup Charges	1	\$0.00	\$0.00

Monthly Service Charges (NEW)	Quantity	Unit Price	Cost USD
Internet Bandwidth on 100BT port	100 Mbps	FREE	FREE
7ft Tall Keylocked Cabinet on 120v 15Amp circuit	1	\$300.00	\$300.00
		Subtotal	\$300.00

Monthly Service Charges (REVISED)	Quantity	Unit Price	Cost USD
N/A	0	\$0.00	\$0.00
		Subtotal	\$0.00

Monthly Service Charges (UNCHANGED)	Quantity	Unit Price	Cost USD
NA	0	\$0.00	\$0.00
		Subtotal	\$0.00

Total Monthly Recurring Services Charges		Total	\$300.00
---	--	--------------	-----------------

Additional Terms

Customer will have flat rate unmetered 100 Mbps Internet bandwidth port.

Customer's equipment must fit in 30" deep cabinet with doors closed otherwise pricing is \$700/mo.
Customer may request up to /26 IP addresses, additional IPv4 address space is \$1/month per IP.
/27 blocks or larger are subject to justification based on ARIN guidelines. IPv6 Address space is free.

Initial Payment	Setup	Total Due*
*Payable upon signing		\$300

*Payable upon signing

\$300

[Handwritten Signature]

Client Signature
ANDREW SHARP, CEO
Name & Title (Please Print)

10/7/2015

Date

LOPOCO

Company Name
andy@lopoco.com

Contact email

Service Order is not binding without an authorized signature together with an approved Master Service Agreement.
This Order is valid for (30) days. Service and prices subject to change without notice. This Order is confidential information.



HURRICANE ELECTRIC
INTERNET SERVICES

Payment Information

Company Name LOPOCO

Credit Card (circle one) Visa MC AmEx
Other (describe):

Purchase Order # _____ (attached)

Check # _____ (attached)

For Credit Card Orders:

Credit Card Number 8400 0090 3130

Expiration Date: _____

CVC Code: (3-digit code on the back of Visa and M/C Cards) : _____
(4-digit code on the front of American Express Card) (CVC#)

Cardholder's Name: ANDREW SHARP

Billing Address: 212 THOMPSON SQ.
MOUNTAIN VIEW, CA 94043

Cardholder's Signature: Andrew Sharp

Please check below that represents which services you will be using:

I hereby authorize Hurricane Electric Internet Services to charge the credit card above, on a monthly basis, for services rendered.

I hereby authorize Hurricane Electric Internet Services to charge the credit card above one-time only, for services rendered, in the amount of \$ _____.
Please invoice after initial payment.

Billing Contact _____

Email: andy@lopoco.com



Authorized Representatives Form

Company/Organization Name: LOPOCO

CE# or DC# _____

Modification Type:

New Access List

Replace any currently existing list with this one.

Additions/Modifications

Add/Change the following individuals on the current access list.

Removals

Remove the following individuals from the current access list.

Name: <u>ANDREW SHARP</u>		Permissions: <input type="checkbox"/> RH <input type="checkbox"/> ACC <input type="checkbox"/> AV <input type="checkbox"/> SVC <input type="checkbox"/> RH2 <input checked="" type="checkbox"/> POC
Phone: <u>650-906-9448</u>	Phone2:	Email: <u>andy@lopoco.com</u>

Name: <u>PETER THEUNIS</u>		Permissions: <input checked="" type="checkbox"/> RH <input checked="" type="checkbox"/> ACC <input checked="" type="checkbox"/> AV <input checked="" type="checkbox"/> SVC <input checked="" type="checkbox"/> RH2 <input type="checkbox"/> POC
Phone:	Phone2:	Email: <u>peter@lopoco.com</u>

Name: <u>SIMON BUTLER</u>		Permissions: <input checked="" type="checkbox"/> RH <input checked="" type="checkbox"/> ACC <input checked="" type="checkbox"/> AV <input type="checkbox"/> SVC <input checked="" type="checkbox"/> RH2 <input type="checkbox"/> POC
Phone:	Phone2:	Email: <u>simon.butler@methodics.com</u>

Name: <u>VISHAL MOONDHRA</u>		Permissions: <input checked="" type="checkbox"/> RH <input type="checkbox"/> ACC <input checked="" type="checkbox"/> AV <input type="checkbox"/> SVC <input type="checkbox"/> RH2 <input type="checkbox"/> POC
Phone:	Phone2:	Email: <u>vishal.moondra@methodics.com</u>

~~JERRY BROCKLEHURST~~ jerryb@methodics.com RH ACC AV

RH	Authorized to request basic remote hands services (no fee)
ACC	Authorized to physically access the organization's equipment in the facility
AV	Authorized to authorize one-time visits for persons not listed on the access list
SVC	Authorized to request new services (cross-connects and power) (fee)
RH2	Authorized to request advanced remote hands services (fee)
POC	Authorized to alter the organization's access list. This level automatically includes all previously listed levels

The Primary Contact agrees that the above listed individuals are hereby authorized to act as a representative for the Primary Contact's organization, and can access the organization's equipment and make requests, as specified, to Operations on behalf of the organization. Access list entries can be updated through the <https://csp.he.net/> portal.

POC Signature: A. Sharp

Date: 10/7/2015

Print Name: ANDREW SHARP