

Exhibit B
SOW Form

Statement of Work # _

This Statement of Work # _ is dated as of _____, 202_ (the "SOW Effective Date") and is entered by and between Spatial Networks, Inc., a Delaware corporation ("SNI") and the customer identified below ("Customer").

THIS ORDER IS SUBJECT TO SNI'S TERMS AND CONDITIONS (the "Terms"), which are available at <https://www.fulcrumapp.com/terms-of-service>, as may be updated from time to time in accordance with the Terms. Capitalized terms not defined in this Statement of Work have the respective meanings set forth in the Terms.

Party Information

Spatial Networks, Inc. 360 Central Ave Ste 200 Saint Petersburg, FL 33701-3892 USA billing@fulcrumapp.com	Customer Name: Customer Address: E-mail Address: Entity Type/Jurisdiction: [Delaware corporation]
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Contact Information

SNI Contact:		Customer Contact:	
Contact Name:		Contact Name:	
Contact Title:		Contact Title:	
Contact Email:		Contact Email:	
Contact Phone:		Contact Phone:	

Professional Services to be provided are:

Timelines:

The rates for Professional Services Fees are as set forth below:

Hours of Services:

Professional Services will be provided during SNI's standard business hours of 8 am through 5 pm, Eastern Time, Monday through Friday, excluding SNI's standard holidays. In the event that Customer requests any Professional Services be performed outside of the foregoing hours, on any Saturday or Sunday or on any SNI holiday (any such time, "Non-Standard Hours"), the Professional Services Fees set forth above shall be multiplied by one hundred fifty percent (150%); provided that if Customer has purchased a Block, Non-Standard Hours shall be deducted from such Block at a rate of one and a half (1.5) hours per hour worked during any Non-Standard Hours.

Assumptions:

1. Customer reasonably cooperates with SNI, including regarding information about Customer's environment; and
2. Customer meets timelines that are agreed to by the Parties.

This Statement of Work is hereby accepted and agreed to by duly authorized representatives of SNI and Customer, effective as of the SOW Effective Date.

SPATIAL NETWORKS, INC.

By: _____

Name: _____

Title: _____

Date: _____

CUSTOMER:

CUSTOMER LEGAL NAME

By: _____

Name: _____

Title: _____

Date: _____