

September 17, 2021

Albany County Department of Mental Health
260 South Pearl Street
Albany NY 12202

Dear Sir or Madame:

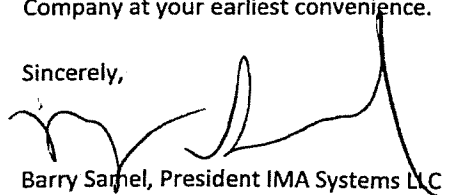
Reference is made to the Subscription and Support Agreement, dated January 1, 2018 (the "Agreement"), by and between you, as Client, and the undersigned, IMA Systems LLC. Pursuant to Section 3.I(d) of the Agreement, the undersigned proposes to amend and replace Sections I Exhibit D to the Agreement as set forth below. Pursuant to Section 3.I(d), these new pricing terms will take effect on the later of (i) the first of the new year or (ii) sixteen days after the date hereof, unless you provide written notice to the undersigned that the new pricing terms are not accepted and elect to terminate the Agreement effective December 31, 2021. The provision of all products and services listed herein shall remain otherwise subject to the terms and conditions of the Agreement, including the terms of payment set forth in Section 3.

I. Monthly Subscription Fees.

Product/Service	No. of Users	Per unit	Total
imaServe subscription	68	98.00	\$ 6,664.00
ePrescribing Prescribers	10	60.00	\$ 600.00
ePrescribing EPCS	10	15.00	\$ 150.00
ePrescribing Non prescribers	6	7.50	\$ 45.00
imaServe web hosting	.85	1,500/00	\$ 1,275.00
Duo MFA	2	4	\$ 8.00
Total Monthly			\$ 8,742.00

We encourage you to review the revised pricing terms and the terms of the Agreement at your earliest convenience. Kindly confirm receipt of this letter by signing below where indicated and returning a copy to the Company at your earliest convenience.

Sincerely,



Barry Samel, President IMA Systems LLC

Acknowledgement of Receipt

By: _____

Name and Title: