

07-1770

ORIGINAL

Microsoft | Volume Licensing

Select Enrollment

State and Local

Select Agreement number <i>Reseller or Microsoft affiliate to complete</i>	01S69710
Select Agreement Expiration Date <i>Reseller or Microsoft affiliate to complete</i>	
Is this a renewal?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Enrollment number <i>Microsoft affiliate to complete</i>	
Previous enrollment, agreement, or auth number <i>(if renewing Software Assurance)</i>	
Previous enrollment end date <i>Reseller to complete</i>	

This Microsoft Select Enrollment is entered into between the following entities as of the effective date identified below.

**Definitions.** When used in this enrollment, "you" refers to the entity that signs this enrollment with us and "we" or "us" refers to the Microsoft entity that signs this enrollment. All other definitions in the Microsoft Select Agreement identified above apply here.

**Effective date.** If you are renewing Software Assurance coverage from one or more previous Microsoft agreements, then the effective date of this enrollment will be the day after the earliest expiration of such coverage.

Otherwise the effective date will be the date this enrollment is signed by us. Where a previous Microsoft agreement is being used, your reseller will require that agreement number and agreement end date to complete the applicable boxes above.

**Term.** This enrollment will expire on the date on which the Microsoft Select Agreement expires, unless it is terminated earlier as provided for in that Agreement.

**Representations and warranties.** By signing this enrollment, the parties agree to be bound by the terms of this enrollment, and you represent and warrant that: (i) you have read and understood the Microsoft Business Agreement (if any) and the Microsoft Select Agreement, including all documents it incorporates by reference, including any amendments to those documents, and agree to be bound by those terms; (ii) you are either the entity that signed the Microsoft Select Agreement or its affiliate; and (iii) during the initial term of this enrollment you expect to purchase licenses equal to at least 750 points.

**Non-exclusivity.** This enrollment is non-exclusive. Nothing contained in it requires you to license, use or promote Microsoft software or services exclusively. You may, if you choose, enter into agreements with other parties to license, use or promote non-Microsoft software or services.

**Qualifying systems licenses.** The operating system licenses granted under this program are upgrade licenses only. **Full operating system licenses are not available under this program.**

Do you require media?  No.  Yes. If yes, attach media form.

This enrollment consists of (1) this document, (2) the required attachments (as indicated below).

**Attachments:**

Required if applicable	
<input type="checkbox"/>	Media Order Form
<input type="checkbox"/>	Multiple Previous Enrollment Form (if renewing SA)
<input type="checkbox"/>	Supplemental Contact Information Form

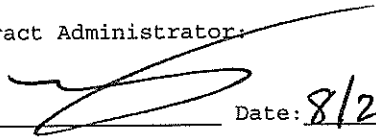
<i>Customer</i>	<i>Contracting Microsoft affiliate</i>
Name of entity * El Dorado County	<b>Microsoft Licensing, GP</b>
Signature *	Signature See attached for Vendor Signature
Printed name * Helen Baumann	Printed name
Printed title * Chairman, Board Of Supervisors	Printed title
Signature date *	Signature date (date Microsoft affiliate countersigns)
	Effective date (may be different than our signature date)

\* indicates required field

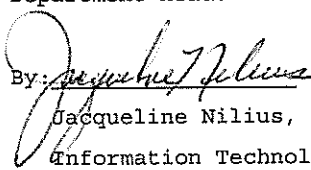
**Customer:** Please remit to your reseller

**Reseller:** Please remit to Microsoft

Contract Administrator:

By:  Date: 8/22/07  
Tom Straling, Technology Officer  
Information Technologies

Department Head:

By:  Date: 8/22/07  
Jacqueline Nilius, Director  
Information Technologies


**Notices to Microsoft should be sent to:**

Microsoft Licensing, GP  
Dept. 551, Volume Licensing  
6100 Neil Road, Suite 210  
Reno, Nevada USA 89511-1137

<b>Microsoft Volume Licensing web sites</b> (Note: We will advise you of any changes to these URLs.)	
Product use rights	<a href="http://microsoft.com/licensing/contracts">http://microsoft.com/licensing/contracts</a>
Product List	<a href="http://microsoft.com/licensing/contracts">http://microsoft.com/licensing/contracts</a>
Microsoft Volume Licensing Services (MVLS) (password protected site to view orders under this enrollment)	<a href="https://licensing.microsoft.com">https://licensing.microsoft.com</a>
Customer guide	<a href="http://microsoft.com/licensing/programs">http://microsoft.com/licensing/programs</a>

**Attachments:**

Required if applicable	
<input checked="" type="checkbox"/>	Media Order Form
<input type="checkbox"/>	Multiple Previous Enrollment Form (if renewing SA)
<input type="checkbox"/>	Supplemental Contact Information Form

<i>Customer</i>	<i>Contracting Microsoft affiliate</i>
Name of entity *	Microsoft Licensing, GP
Signature *	Signature 
Printed name *	Printed name <b>Joylene Hill</b>
Printed title *	Printed title <b>Contract Administrator</b>
Signature date *	Signature date (date Microsoft affiliate countersigns) <b>SEP 25 2007</b>
* indicates required field	Effective date (may be different than our signature date)

**Customer:** Please remit to your reseller

**Reseller:** Please remit to Microsoft

<i>Notices to Microsoft should be sent to:</i>
<p>Microsoft Licensing, GP                      Dept. 551, Volume Licensing                      6100 Neil Road, Suite 210                      Reno, Nevada USA 89511-1137</p>

<i>Microsoft Volume Licensing web sites</i> (Note: We will advise you of any changes to these URLs.)	
Product use rights	<a href="http://microsoft.com/licensing/contracts">http://microsoft.com/licensing/contracts</a>
Product List	<a href="http://microsoft.com/licensing/contracts">http://microsoft.com/licensing/contracts</a>
Microsoft Volume Licensing Services (MVLS) (password protected site to view orders under this enrollment)	<a href="https://licensing.microsoft.com">https://licensing.microsoft.com</a>
Customer guide	<a href="http://microsoft.com/licensing/programs">http://microsoft.com/licensing/programs</a>

**Contact information.** Each party will notify the other in writing if any of the information in the following contact information page(s) changes. The asterisks (\*) indicate required fields. By providing contact information, you consent to its use for purposes of administering this enrollment by us, our affiliates, and other parties that help us administer this enrollment. The personal information you provide in connection with this enrollment will be used and protected according in accordance with the privacy statement available at <http://licensing.microsoft.com>.

**Primary contact information:** The customer signing on the cover page must identify an individual from inside its organization to serve as the primary contact. This contact is the default online administrator for this enrollment and receives all notices unless you provide us written notice of a change. The online administrator may appoint other administrators and grant others access to online information.

<b>Customer</b>		
Name of entity *		Contact name *
Same as entity name on the cover page.		Last Strailing First Tom
Street address *		Contact email address (required for online access) *
Information Technologies 360 Fair Lane		tom.strailing@edgov.us
City *	State/Province *	Phone *
Placerville	CA	530-621-5415
Country *	Postal code *	Fax
USA	95667	530-295-2512

**Notices and online access contact information:** This will designate a notices and online access contact different than the primary contact. This contact will replace the default administrator for this enrollment and receive all notices. This contact may appoint other administrators and grant others access to online information.

<b>Notices and online access contact</b>		
<input checked="" type="checkbox"/> Same as primary contact		
Name of entity*		Contact name *
		Last First
Street address*		Contact email address (required for online access)*
City*	State/Province*	Phone *
	CA	
Country*	Postal code*	Fax
USA		
<input type="checkbox"/> This contact is a third party (not the customer)		<b>Warning:</b> This contact receives personally identifiable information of the customer.

## Contact Information

**Language preference:** This section designates the language in which you prefer to receive notices.

English
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**Microsoft account manager:** This section designates your Microsoft account manager contact.

Microsoft account manager name	Microsoft account manager email address
Jeff Jennings	Jeff.Jennings@microsoft.com

If you require a separate contact for any of the following, please check the box and attach the Supplemental Contact Information form. Otherwise, the notices contact remains the default.

- Duplicate Electronic Contractual Notices contact
- Software Assurance Benefits contact
- MSDN contact
- Online Services contact

## **Software Assurance Election Form**

### **1. Software Assurance Membership election:**

To become a Software Assurance Member, you must agree to purchase and maintain Software Assurance for all copies of all products licensed under this enrollment from at least one product pool. For a description of benefits resulting from choosing one or more product pools below and additional details regarding the Software Assurance Membership program, please consult your reseller or Microsoft account manager.

For each product pool, mark "yes" or "no" to indicate whether you are committing to purchase and maintain Software Assurance for all copies of all products licensed from that pool under this enrollment.

<i>Product pools</i>	Yes	No
<b>Applications</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Systems</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Servers</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Note:** If you mark "Yes", we will not accept orders for Licenses without Software Assurance.

### **2. Renewing Software Assurance (or similar upgrade protection):**

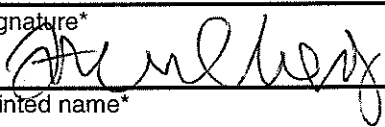
If you are renewing Software Assurance from multiple Select programs or are consolidating multiple previous enrollments or agreements (including Open authorizations) into this enrollment please complete the multiple previous enrollment form and attach it to this enrollment. The earliest expiring previous enrollment/agreement which contains Software Assurance is to be inserted on the cover page. If you are renewing from only one previous enrollment/agreement, please insert that previous number on the cover page.

## Reseller information form

Use this form to identify your selected reseller and have your reseller complete the information below.

<b>Reseller Information:</b>
Reseller company name*
Dell Inc
Street address (PO boxes not accepted)*
One Dell Way RR2C Box 8109
City and State/Province and postal code*
Round Rock TX 78681
Country*
USA
Contact name*
Fritzi Mulkey
Phone*
512-723-4848
Fax
512-283-4848
Email address*
US_Microsoft_Select_Administrator@dell.com

The undersigned confirms that the reseller information is correct.

Name of reseller*
Dell Inc
Signature*

Printed name*
Fritzi Mulkey
Printed title*
Licensing Specialist
Date*
9/25/07





## Select Enrollment

### Media Order Form - Starter Kit

#### ENROLLMENT INFORMATION

*The asterisks (\*) in the information fields below indicate required information.*

Agreement number: \* 01s69710  
Enrollment number: (Microsoft affiliate to complete) \*  
Customer contact name: \* Tom Strailing

#### RESELLER CONTACT

Company name: \* Dell, Inc  
Contact name: First: \* Fritz Last: \* Mulkey  
Contact email address: (required for online access) \*  
US\_Microsoft\_Select\_Administrator@dell.com  
Contact phone: \* 512.723.4848

#### THIS FORM MUST BE ATTACHED TO AN ENROLLMENT.

This form identifies your software starter kit and subscription preferences. All software for this program is available for download at <https://licensing.microsoft.com>. You may choose to receive physical media delivery in addition to this download facility, if required. Terms used but not defined in this form have the meanings given to them in your enrollment.

The starter kit delivery address information identifies the delivery location. A starter kit is not shipped to renewing customers. We reserve the right to discontinue media shipments or charge for them in the future.

#### STARTER KIT MEDIA DELIVERY ADDRESS

**Same as notices contact in the enrollment**

Name of entity: \*  
Contact name: First: \* Last: \*  
Contact email address: (required for online access) \*  
Street address: (no PO boxes accepted) \* Phone: \*  
City: \* Postal code: \* Fax:  
Country: \*

If you choose below to receive media in addition to the software download option available at <https://licensing.microsoft.com>, your selected media preference will be noted in our systems so you may automatically receive that media form. Please note that DVD kits will include DVDs if available. If media is not available on DVDs, then CDs will be provided. Likewise, CD kits will include CDs if available; if CDs are not available, DVDs will be included.

**What is your media preference? Software Download**

**Do you request a starter kit? This option does not apply to renewing customers. No**

**Do you request subscription updates? No**

Media shipping information form – Starter kit (continued)

Language	Applications Pool				Systems Pool	Server Pool		
	Office Family	Mapping*	Developer Tools	Products for Macintosh	Windows Client: Business	Windows Server	Server Applications	Dynamics
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English/ Multi-Language	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arabic	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
Brazilian Portuguese	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulgarian	<input type="checkbox"/>							
Chinese Simplified	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chinese Traditional	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chinese Traditional HK/Pan-Chinese	<input type="checkbox"/>						<input type="checkbox"/>	
Chinese Traditional Hong Kong					<input type="checkbox"/>	<input type="checkbox"/>		
Croatian	<input type="checkbox"/>							
Czech	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Danish	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Dutch	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estonian	<input type="checkbox"/>							
Finnish	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greek	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
Hebrew	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
Hungarian	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indic (Indian Languages)	<input type="checkbox"/>							
Italian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Japanese	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Korean	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Latvian	<input type="checkbox"/>							
Lithuanian	<input type="checkbox"/>							
Norwegian	<input type="checkbox"/>				<input type="checkbox"/>		<input type="checkbox"/>	
Polish	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Romanian	<input type="checkbox"/>							
Russian	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serbian Latin	<input type="checkbox"/>							
Slovak	<input type="checkbox"/>							
Slovenian	<input type="checkbox"/>							
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swedish	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thai	<input type="checkbox"/>							
Turkish	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ukrainian	<input type="checkbox"/>							

\* Mapping Kit is not available for use in or shipment to China, India, Hong Kong SAR, Macau SAR, Morocco, Pakistan, Taiwan, and Turkey.

 = Not Available