EXHIBIT A-2

Statement of Work Template

STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, Department of Public Safety AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

3/24/2025

Sean Tindell State of MS, Dept. of Public Safety 1900 E Woodrow Wilson Ave. Jackson, MS 39216

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number: 139995
 IT Contingent Worker Name: Lore Brady
 Vendor Name: Meris LLC

Position Title:
Systems Manager

Regular Hourly Bill Rate: \$200.00
 OT Hourly Bill Rate (if applicable): \$200.00

• Original Number of Hours to be worked: 3600 (1200/yr. x 3 yrs)

*Amendment 1: Additional Number of hours to be worked:

*Amendment 2: Additional Number of hours to be worked:

*Amendment 3: Additional Number of hours to be worked:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Original Total Cost of SOW: (Not to exceed)
 \$720,000.00

*Amendment 1: Additional Cost of SOW: (Not to exceed)

*Amendment 2: Additional Cost of SOW: (Not to exceed)

*Amendment 3: Additional Cost of SOW: (Not to exceed)

*Amendment 3: Additional Cost of SOW: (Not to exceed)

Click or tap here to enter text.

Click or tap here to enter text.

• Start Date of Service: 8/13/2025

• Original End Date of Service: 8/13/2028

*Amendment 1: New End Date of Service:

*Amendment 2: New End Date of Service:

*Amendment 3: New End Date of Service:

Click or tap to enter a date.

Click or tap to enter a date.

Work Location: 1900 E Woodrow Wilson Ave Jackson, MS 39216

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG

^{*} Please do not add the amendments to the original number of hours or original cost of the SOW.

The amendment is the amount you are adding to the contract.

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement of Work to be executed by their undersigned authorized representatives.

| Mississippi Department of Department of Public Safety | GuideSoft Inc., d/b/a Knowledge Services |
|---|--|
| Click or tap her to enter to enter | Katie Belange |
| Authorized Signature | Authorized Signature |
| Click or tap here to finter that de | Katie Belange |
| Printed Name | Printed Name |
| CIME Dept of Public Sofety | Corporate Counsel |
| Click or tap to All Lablate. | 03/24/2025 _{nter a date.} |
| Date | Date |