EXHIBIT A-2

Statement of Work Template

| Original | \boxtimes | Amended | |
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STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, Department of Health AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

11/6/2023

State of Mississippi Department of Health 570 E Woodrow Wilson Ave Jackson, MS 39213

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: | 121348 |
|---|---|--|
| | IT Contingent Worker Name: | Wesley Stockton |
| | Vendor Name: | Pileum |
| | Position Title: | MS O365 Management Support |
| • | Regular Hourly Bill Rate: | \$150.00 |
| • | OT Hourly Bill Rate (if applicable): | \$150.00 |
| • | Original Number of Hours to be worked: | 480 |
| | Amendment 1: Number of hours to be worked: | Click or tap here to enter text. |
| • | Amendment 2: Number of hours to be worked: | Click or tap here to enter text. |
| • | Amendment 3: Number of hours to be worked: | Click or tap here to enter text. |
| • | Original Total Cost of SOW: (Not to exceed) | \$ 72,000.00 |
| • | Amendment 1: Total Cost of SOW: (Not to exceed) | Click or tap here to enter text. |
| • | Amendment 2: Total Cost of SOW: (Not to exceed) | Click or tap here to enter text. |
| • | Amendment 3: Total Cost of SOW: (Not to exceed) | Click or tap here to enter text. |
| • | Start Date of Service: | 1/1/2024 |
| • | Original End Date of Service: | 6/30/2024 |
| | Amendment 1: End Date of Service: | Click or tap to enter a date. |
| | Amendment 2: End Date of Service: | Click or tap to enter a date. |
| | Amendment 3: End Date of Service: | Click or tap to enter a date. |
| • | Work Location: | 570 E Woodrow Wilson Ave. Jackson, MS 39213 |

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 Health | GuideSoft Inc., d/b/a Knowledge Services Katie Belange |
|----------------------------------|--|
| Authorized Signature | Katie Belange (Jan 5, 202/16 41 EST) Authorized Signature |
| deanatelo filor tetanos | Katie Belange |
| Printed Name | Printed Name |
| Estate Health Other | Corporate Counsel |
| Title | Title |
| Dancocheya 2.4 | Click or tap to enter a date. Jan 5, 2024 |
| Date | Date |