



License # _____

WORKPLACE OUTCOME SUITE LICENSE AGREEMENT

(Version 2015.03.02)

This Workplace Outcome Suite License Agreement (this "Agreement"), is entered into this _____ day of _____, 20 _____ (the "Effective Date"), by and between Chestnut Global Partners, LLC, an Illinois limited liability company, with its principle place of business at 1003 Martin Luther King Drive, Bloomington, Illinois 61701 ("CGP") and _____, a _____ organized under the laws of the State of _____, with its principle place of business at _____ ("Licensee").

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Section 9 AUTHORIZED LOCATION

This license is granted for the following Licensee:

Licensee Name: _____

Organization Name (if different): _____

Main Contact Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Phone: _____ Fax: _____ E-mail: _____

If the Licensee information changes, please notify Chestnut Global Partners in writing at 1003 Martin Luther King Drive, Bloomington, IL 61701, or by phone at 309-827-6026.

Section 10 MISCELLANEOUS

- A.** This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois.
- B.** Any notice required or permitted under this Agreement shall be in writing and delivered in person or sent by registered or certified mail, return receipt requested, with proper postage affixed, to the parties at the following addresses:

 - If to CGP:** 1003 Martin Luther King Drive, Bloomington, Illinois 61701
 - If to Licensee:** At the address listed in Section 9
- C.** If any provision of this Agreement shall for any reason be held to be invalid or unenforceable, such invalidity or unenforceability shall not affect any other provisions hereof, and this Agreement shall be construed as if such invalid or unenforceable provision was omitted.

IN WITNESS WHEREOF, the parties have executed this License Agreement by their duly authorized officers as of the date specified above.

Chestnut Global Partners, LLC, an Illinois Limited Liability Company

By: _____ Date: _____

LICENSEE: _____

By: _____ Date: _____

Print Name

Signature



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