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Licensee Address: P.O. BOX 210-40601, BONDO-KENYA.

**LICENSEE CONTACT INFORMATION** Please fill out the information below and ensure this information remains current by providing regular updates.

**Licensee Primary Contact:**

(responsible for overseeing participation)

Attn: DR. PETER O. OTIENO

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Telephone: +254-722452635

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**Licensee Billing/Invoicing Contact:**

(if different from Primary Contact)

Attn: DR. PETER O. OTIENO

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**Licensee Technical Contact:**

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Authentication, Authorization, Proxy Server,  
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This Agreement shall continue in effect for one(1) year from the first day of the calendar year that follows the Agreement Date, and assuming the availability of funding, this Agreement shall renew for successive one (1) year terms unless earlier terminated by either party by written notice not less than ninety (90) days prior to the end of the then-current term.

This Agreement shall be considered in effect as of the date the Licensee signs below:

**LICENSEE**

SIGNED BY: [Signature]

NAME: [Signature]

TITLE: AVC-AA

AGREEMENT DATE: 31/8/22

**JSTOR**

BY: Rebecca Seger

NAME: Rebecca Seger

TITLE: VP, Institutional Participation and  
Strategic Partnerships