Replacement Policy:

Products purchased through ELUTIONS and under warranty* may be returned for replacement by following these steps:

1. Contact ELUTIONS’ Customer Service at 1-888-349-4338 to obtain an RMA number.
2. Fill out the Return Material Authorization Form in its entirety place the RMA Form in the box with the item(s) being returned.
3. Return the authorized item(s) per shipping instructions.
4. Our Replacement Department will process your request.

RMA forms can be obtained by:
- Website: http://www.elutions.com/wireless
- Contacting Customer Service at 888-349-4338

Company:________________________ Contact Name:________________________
Address:____________________________________________________________
City:________________________ State:__________ Zip:________________________
Email Address: __________________________________________________________
Phone:________________________ Fax:________________________

RMA No:___________________________ Date Issued:________________________
(Obtained from ELUTIONS’ Customer Service)

*Under Warranty (Must provide original order number and date in order to verify warranty coverage).

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<tr>
<th>Qty</th>
<th>Part Number</th>
<th>Description</th>
<th>Reason for Return</th>
<th>Serial # (Modem Only)</th>
<th>Order Number</th>
<th>Order Date</th>
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Shipping Instructions:

1. The bottom of the original packing slip contains ELUTIONS’ returns address. Use this portion of the form to affix to the box(s).
2. Be sure to obtain an RMA number and clearly mark the outside of the box(s) with this number.
3. Ship only the items that are authorized.
4. Ship returned items to:
   ELUTIONS, Inc.
   ATTN: Replacement Dept.
   5100 W. Kennedy Blvd,
   Suite 300 Tampa, FL 33609

Shipment received by ELUTIONS without an RMA number will be refused.

Sample Address Label with RMA number

John Smith
XYZ Corporation
123 Main Street

ELUTIONS, Inc.
ATTN: Replacement Dept.
5100 W. Kennedy Blvd,
Suite 300 Tampa, FL 33609

RMA#: 123456

Use this space for additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Customer Signature:__________________________ Date:________________________

Return Approval: _____________________________ Date:________________________