Four Pillars.
One Network.

Complete market roadmap — four revenue pillars, product tier definitions, target customer profiles, barriers, and prioritized path to revenue. Every market serves the same subnet. Every dollar compounds the same token.

COMBINED TAM	COMBINED SAM	SOM YR 3–5	PRODUCTS
$63B+ by 2033	**$8.1B addressable**	**$125–370M ARR**	**4 distinct tiers**

FOUNDATION

The Four Products — Real Technical Differences, Not Just Pricing

Each product tier has hard technical gates that prevent substitution. A hospital cannot use the consumer app and claim compliance — the terms explicitly prohibit it and the system lacks the required infrastructure. A consumer cannot accidentally buy the clinical tier — it requires a signed BAA before activation.

TIER 0 — CONSUMER

SignOra Personal

$9.99/mo

iOS & web. No account setup beyond email.

Standard cloud encryption. No PHI protection.

No BAA. No HIPAA. No SLA. No support.

Single subscription $9.99/mo. In-app upgrade tiers and additional feature purchases may be introduced in future releases.

For personal use — restaurants, social, daily life.

TERMS PROHIBIT CLINICAL OR EMPLOYER USE. NOT ADA-COMPLIANT FOR COVERED ENTITIES.

TIER 1 — BUSINESS

SignOra Business

$2K–$6K/yr

Web + mobile. Business account required.

Standard cloud encryption. No TEE. No PHI.

ADA Title III documentation included.

Usage logs for accommodation records.

Email support. No uptime SLA.

NO BAA. TERMS EXPLICITLY STATE NOT SUITABLE FOR PATIENT COMMUNICATION OR HIPAA-COVERED INTERACTIONS.

TIER 2 — CLINICAL

SignOra Clinical

$8K–$20K/yr

TEE-enforced inference via Targon — PHI-blind by design.

BAA required & executed before activation. System cannot turn on without signed BAA.

HIPAA audit logs. Joint Commission docs. DOJ consent decree documentation.

99.9% uptime SLA. 24/7 support line.

Device management for facility tablets.

BAA IS THE TECHNICAL ACTIVATION GATE. CANNOT BE BYPASSED.

TIER 3 — ENTERPRISE

SignOra Enterprise

$40K–$60K/yr

Everything in Clinical plus Epic/Cerner live integration.

Custom BAA terms. Unlimited devices.

Dedicated customer success manager.

ADA compliance audit report generation. Board-level dashboard.

99.99% SLA. API access for EHR integration.

CONTRACT COMPLEXITY + PROCUREMENT PROCESS IS THE GATE. REQUIRES LEGAL REVIEW BY DESIGN.

The substitution-prevention rule: Consumer and Business tiers carry explicit terms of service language stating they do not satisfy ADA effective communication requirements for covered entities and are not HIPAA-compliant. A hospital's own legal team will block the use of these tiers for patient care. Clinical and Enterprise tiers require a signed BAA before the system activates — the BAA is technically enforced, not just contractually stated.

PILLAR 1 OF 4

Healthcare Compliance
The Mandated Beachhead

PRIORITY 2 — ACTIVE NOW · PRODUCTS: CLINICAL + ENTERPRISE

TAM (2033)	SAM	SOM YEAR 1–2	SOM YEAR 3–5
$4.5B	**$1.5B**	**$5–15M**	**$50–100M**
AI sign language translation market globally	US healthcare ASL communication — VRI + agency currently	500–1,000 facility contracts at Tier 2 pricing	DOJ pipeline + NAD endorsement + 5,000+ facilities

TARGET	WHY THEY BUY	PATH TO REVENUE	BARRIER
Hospitals — post-DOJ settlement HOTTEST	Already paid a fine. Consent decree requires ongoing compliance. SignOra is cheaper than VRI and satisfies the decree.	Defense attorney channel — put us in the consent decree. One attorney relationship = multiple hospitals.	**Barrier worth breaking: defense attorneys are actively looking for this solution right now.**
Mental Health & Addiction Facilities HOTTEST	59% zero ASL support. Out of compliance today. No current solution. DOJ expanding enforcement.	Direct outreach to SAMHSA-listed facilities. HHS May 2026 deadline creates urgency now.	Procurement is simpler than hospital systems. Faster close cycle. Lower ACV but higher volume.

Private Medical Practices HIGH	No size exemption under ADA Title III. Solo physician must comply. Agency interpreters cost $300+ per visit.	Direct outreach. Pitch: one visit costs more than a month of SignOra.	Long sales tail — millions of individual practices. Channel partners (medical associations, EMR vendors) needed.
Hospital Systems — enterprise HIGH	$432K/yr real VRI cost. 2–55x cheaper. Epic/Cerner integration removes workflow friction.	CFO + General Counsel play. FCA treble damages angle for Medicare/Medicaid recipients.	Longest close cycle (6–18 months). Procurement, legal, IT, compliance all must sign off.

The main barrier worth breaking: Long enterprise procurement cycles in hospital systems. Worth it because ACV is $40K–$60K/yr and retention is near-permanent once integrated into EHR workflows. The consent decree pipeline dramatically compresses this timeline — a hospital under a DOJ agreement must comply, which bypasses normal procurement.

Why this is Priority 2, not Priority 1: The legal mandate creates the best long-term revenue and the strongest brand position. But the close cycle is long. Run this in parallel with Pillar 2 — let business/employment generate early revenue while healthcare pipeline builds.

PILLAR 2 OF 4

Business & Employment Equity
The Fastest Path to Real Revenue

PRIORITY 1 — START HERE | PRODUCT: BUSINESS TIER 1

TAM	SAM	SOM YEAR 1	SOM YEAR 2–4
$2.5B	**$800M**	**$2–5M**	**$10–30M**
US employer ADA Title III accommodation, communication-specific	Communication-heavy industries with complex deaf customer interactions	500–1,000 business subscribers at avg $3K/yr	Franchise chains + financial services + legal + auto

The targeting rule for this pillar: Only pursue industries where customer transactions involve money, health, law, housing, or education AND take more than 5 minutes to complete. Quick retail (Target, Hobby Lobby) is excluded — written notes satisfy the ADA for brief transactions. Complex consultative transactions require an interpreter. That is the line.

TARGET INDUSTRY	WHY THEY'RE LIABLE	PATH TO REVENUE	WHY THEY BUY FAST
Automotive Dealerships PRIORITY 1A	DOJ's own manual names car dealerships as requiring interpreters for complex purchases. Finance office = regulated lending = CFPB + ADA double exposure.	Target dealership groups (AutoNation 250+ locations, Group 1 260+). One group deal = hundreds of subscribers.	**DOJ literally named them. Finance office handles regulated lending. Low price per location ($3K/yr). Fast yes/no decision at GM level.**
Financial Services — Banks, Credit Unions, Mortgage PRIORITY 1A	Loan applications, account opening, mortgage closing — long, complex, financially consequential. CFPB + ADA + state banking regulators all apply.	Community banks and credit unions first — too small for internal compliance team, too large to claim undue hardship. Regional bank associations are channel partners.	**One ADA complaint triggers CFPB referral. One CFPB investigation costs more than 10 years of SignOra. Decision made by compliance officer, not a committee.**
Legal Services — Law Firms, Title Companies PRIORITY 1B	Attorney-client communication is sacred. A deaf client who claims they didn't understand what they signed has a malpractice claim on top of an ADA claim. Bar ethics rules on competent representation.	State bar association partnerships. Target small-to-mid firms (5–50 attorneys) — large enough to need it, small enough to decide quickly.	Malpractice exposure is existential for a small firm. $3K/yr vs. potential malpractice claim is a trivially easy decision.
Real Estate — Agents, Brokerages, Property Mgmt PRIORITY 2	Home purchase = most complex + consequential non-medical transaction. Fair Housing Act + ADA = two simultaneous federal claims for one failure.	NAR (1.5M members) as channel partner. Individual brokerages via E&O insurance carriers who want to reduce claims.	FHA + ADA double exposure gets attorney's attention immediately. E&O insurance carriers will eventually require this.
Government Services — DMV, SSA, Benefits PRIORITY 2	Title II — stronger obligation than Title III. Must give primary consideration to deaf person's preferred communication method. No undue hardship defense for government.	State government procurement. Longer cycle but larger contracts. 50 states × multiple agencies = enormous volume.	Government procurement is slow. But once in, extremely sticky. Worth pursuing in parallel, not as primary focus.

Private Mental Health Practices PRIORITY 2	Therapy for a deaf patient requires effective communication — written notes are legally insufficient for clinical communication. Malpractice risk on top of ADA.	Overlap with healthcare pillar. Private practices close faster than hospital systems. Target via psychology associations.	Clinical liability + ADA. These practitioners understand liability. Single-decision buyer (the therapist themselves).

The key barrier in this pillar: ADA Title III enforcement for businesses is less consistent than healthcare. There is no equivalent of the Barrier-Free Health Care Initiative focused purely on automotive, legal, or financial services. The law is real — the active enforcement is lighter. The sales strategy compensates by leading with the legal risk analysis rather than waiting for enforcement to create demand.

PILLAR 3 OF 4

Consumer iOS & Web App
Network Activation Engine + Community Builder

PRIORITY 3 — YEAR 1–2 | PRODUCT: PERSONAL TIER 0

TAM (2030)	SAM	SOM YEAR 3–5	SUBNET VALUE
$6B	**$800M**	**$30M**	**High**
Consumer hearing/communication accessibility apps globally	US deaf/HoH willing to pay for real-time communication tools	250,000 subscribers × $9.99/mo × 12 = $30M ARR. 0.05% global penetration.	Consumer volume feeds miners + Signer community pipeline

TARGET USER	WHY THEY DOWNLOAD	STRATEGIC VALUE BEYOND REVENUE
Deaf adults — daily life communication	Restaurant orders, retail interactions, casual conversation, job interviews — everywhere a hearing person takes for granted.	Every session feeds the subnet miners. Every consented conversation improves the model. The consumer base IS the training data engine.
Hard-of-hearing users — partial hearing loss	Larger population than fully deaf. Often frustrated with current solutions. VRS and TTY are outdated. Real-time bidirectional translation is genuinely new.	Largest addressable consumer segment. 48M Americans with some degree of hearing loss. 2% conversion at $9.99/mo = significant ARR.
Deaf community — Signer recruitment	App users are the most direct recruitment pipeline for M2 Signer validators. They already use the product. NAD endorsement converts users to Signers.	Every Signer is also a subnet participant earning alpha. The consumer app and the mining layer reinforce each other continuously.

YEAR	TARGET SUBSCRIBERS	MONTHLY REVENUE	ARR @ $9.99/MO	GLOBAL PENETRATION
Year 1	10,000	$100K	**$1.2M**	0.002% of 466M global
Year 2	75,000	$750K	**$9M**	0.016% of 466M global
Year 3	250,000	$2.5M	**$30M**	0.05% of 466M global — extremely conservative

Pricing locked at $9.99/mo single tier. Additional in-app upgrade tiers and feature purchases may be introduced in future releases as the product matures.

Why this is Priority 3 not Priority 1: Lowest ACV, least sticky, no legal mandate. But it is the fastest product to ship and it activates the subnet network immediately. Consumer volume keeps miners earning, keeps the boolean gate satisfied, and builds community that flows into every other pillar. Launch it alongside Pillar 2 to generate network activity from day one.

The main barrier: Pure marketing and adoption. No legal forcing function. Requires community trust — which is earned through NAD partnership and genuine product quality, not advertising spend. The Signer community IS the marketing channel for this product.

PILLAR 4 OF 4

API Platform & Embodied AI
The Long-Tail Multiplier

PRIORITY 4 — YEAR 5+ | PRODUCT: ENTERPRISE API

TAM (2030)	SAM	SOM YEAR 5–10	2050 HORIZON
$50B+	**$5–8B**	**$50–200M**	**$5T**
Gesture recognition + emotion AI + humanoid robot software combined	Human-expression API licensing to robotics, automotive, enterprise AI	API licensing at enterprise scale — 10–20 major platform integrations	Morgan Stanley: humanoid robot market by 2050

SignOra's composable subnet stack — Score SN44 (gesture/vision), Vocence SN78 (speech), BabelBit SN59 (translation), Vidaio SN85 (avatar synthesis) — is not just a sign language tool. It is the foundational infrastructure layer for any AI system that needs to understand human physical expression. Sign

language proves it works. The architecture generalizes to facial micro-expression, body language, behavioral prediction, and full embodied human-AI interaction.

API CUSTOMER	WHAT THEY LICENSE	WHY SIGNORA IS THE RIGHT SOURCE
Humanoid Robotics (Tesla Optimus, Figure AI, Boston Dynamics)	Real-time human gesture and expression interpretation so robots can understand and respond to human communication naturally in one-on-one interaction.	The humanoid robot market hits $15B by 2030 (MarketsandMarkets). Every robot deployed in public-facing environments needs human expression intelligence. SignOra's subnet is the only decentralized, continuously self-improving source.
Automotive — Driver Monitoring, HMI (All major OEMs)	Real-time driver expression and gesture monitoring for safety systems. Human-machine interface that responds to gesture rather than buttons.	Gesture recognition market alone hits $70B by 2030. Automotive is the largest near-term adopter. NXP, Qualcomm already building chips for this. SignOra provides the intelligence layer above the hardware.
Enterprise AI — Customer Service, Retail, Hospitality	AI systems that read customer emotional state, body language, and non-verbal communication in real-time to improve service delivery and detect distress or dissatisfaction.	Emotion AI market projected at $312B by 2035 (42.4% CAGR). Enterprise customer experience platforms are the primary adopter. SignOra's human-validated training data is the competitive differentiator over synthetic datasets.
Defense / Security — Behavioral Analytics	Crowd behavioral analysis, individual expression interpretation, non-verbal threat assessment in real-time from video feeds.	Highest ACV per contract. Longest procurement but most durable. Requires careful positioning — not a primary focus, but a natural extension of the technology once proven.

Why this is Year 5+ not Year 1: The API value proposition requires a proven, mature model with documented accuracy — which takes years of real-world deployment to build. You cannot license an intelligence layer that hasn't been battle-tested. The first three pillars are not just revenue — they are the proof-of-concept and the training data engine that makes Pillar 4 credible. Do not skip to here.

SUMMARY

The Combined Roadmap — Staggered, Compounding, One Network

ALL FOUR PILLARS — MARKET NUMBERS & TIMELINE

#	PILLAR	TAM	SAM	SOM	PRODUCT	PRIORITY	KEY GATE
2	Healthcare Compliance	$4.5B	$1.5B	$50–100M/yr	Clinical + Enterprise	NOW	BAA required. Long close cycle. DOJ pipeline compresses it.
1	Business / Title III	$2.5B	$800M	$10–30M/yr	Business Tier 1	NOW	Fastest close. Lowest ACV. Franchise chains = volume play.
3	Consumer iOS / Web	$6B	$800M	$15–40M/yr	Personal Tier 0	YR 1–2	Network activation. No legal forcing function. Community-led.
4	API / Robotics / Embodied AI	$50B+	$5–8B	$50–200M/yr	Enterprise API	YR 5+	Requires proven mature model. Built by executing Pillars 1–3.
	Combined	**$63B+**	**$8.1B**	**$125–370M/yr**	4 distinct products	Staggered	One subnet. One network. Every market compounds the token.

The critical insight: All four pillars run on the same subnet, the same miners, the same Signer community, and the same alpha token. The infrastructure cost does not multiply when the market multiplies. Every new customer in any pillar makes the model better, the token more valuable, and the network more defensible.

THE ARGUMENT THAT CHANGES EVERYTHING

This Cannot Be Built Any Other Way.

Every market number in this document reflects the US market only. The actual problem is global — and at global scale, the human solution is not slow or expensive. It is mathematically impossible. SignOra is not competing with existing solutions. It is the only solution the problem can have.

THE IMPOSSIBILITY PROOF

300
DISTINCT SIGN LANGUAGES WORLDWIDE — EACH A COMPLETE INDEPENDENT GRAMMAR, NONE MUTUALLY INTELLIGIBLE

7,000
SPOKEN LANGUAGES GLOBALLY — EACH PAIR REQUIRING NATIVE DUAL FLUENCY IN BOTH THE SIGN AND SPOKEN LANGUAGE

2.1M
UNIQUE LANGUAGE PAIRS REQUIRED FOR FULL GLOBAL COVERAGE — EACH NEEDING A CREDENTIALED HUMAN INTERPRETER

"You cannot train 300 sign language specialties × 7,000 spoken language combinations × 24/7 global on-demand coverage. The credential pipeline does not exist. It cannot be built. This is not a resourcing problem. It is a mathematical impossibility within human constraints."

THE GLOBAL SCALE OF THE PROBLEM

DEAF POPULATION — GLOBAL
466M
Globally with disabling hearing loss. Projected 900M+ by 2050. The US 48M is 10% of the real problem.

THE INTERPRETER GAP — GLOBAL
Near Zero
In most of the world no professional interpreter infrastructure exists. The US 50:1 ratio is the exception. Globally it is not a shortage — it is an absence.

LEGAL MANDATE — GLOBAL
185 Countries
UN CRPD signatories — each with a legal commitment to communication accessibility. The mandate is not American. It is global.

EXAMPLE: INDIA ALONE
18M
Deaf people in India — the largest deaf population on earth. Indian Sign Language is entirely distinct from ASL. No US solution touches this. Only a global decentralized network can.

WHY ONLY SIGNORA CAN SOLVE THIS

Decentralized Miners Have No Language Preference
Score SN44 reads hand skeleton geometry regardless of which sign language is being signed. Miners anywhere contribute capability in their own language. The network recruits capability globally through economic incentive.

BabelBit Routes Without Staffing
BabelBit SN59 handles multilingual routing. Adding any new language pair requires a miner who can do it — not a credential program, not a new hire. Subnet emissions recruit capability globally and automatically.

Signers Are Global Validators
A deaf person in Brazil validates LIBRAS. A deaf person in Japan validates JSL. Every language community validates its own translations and earns alpha emissions. The community that uses the technology helps build it.

The Competitive Reality
No interpreter agency, no VRI service, no centralized AI company can staff 2.1 million language pairs on-demand globally. This market has never had a participant — because the only participant that can exist at this scale is a decentralized network. **SignOra is not the best solution. It is the only solution.**

GLOBAL TAM · SAM · SOM — THE COMPLETE PICTURE

GLOBAL TAM (2033)
$200B+
US $63B × 10x global ratio. Healthcare alone $40B+.

GLOBAL SAM
$35–50B
EU, UK, Canada, Australia, Japan, Brazil, India. Interpreter gap is proportionally worse outside US — SAM expands, not shrinks.

GLOBAL SOM YEAR 3–5
$300M–$1B
ARR. Consumer app global day one. UN CRPD enforcement accelerates enterprise. No procurement friction on Tier 0–1.

US-only SOM: $125–370M/yr. Global SOM is 2–3x applying the same conservative methodology to markets where the interpreter gap is structurally worse.

SIGNORA · MARKET STRATEGY · YEAR 2 DISTRIBUTION

Reseller & White-Label Channel Strategy

SignOra's translation technology can be licensed as an API, SDK, or white-label product to partners who already own the customer relationships SignOra is targeting. This is not a Day 1 strategy — it requires a proven, deployed product with documented accuracy. It is a Year 2 channel that multiplies distribution without multiplying the direct sales team. Two subnets in SignOra's own composable stack have already proven this model commercially.

ECOSYSTEM PRECEDENT — ALREADY PROVEN ON BITTENSOR

BabelBit SN59 — SignOra's translation routing subnet — announced Line21 as its first reseller partner, with a live commercial Spanish-to-English voice dubbing prototype underway for a Spanish news channel. A subnet in SignOra's own stack proving the reseller model works in production.

Score SN44 — SignOra's gesture recognition subnet — established a reseller partnership with PricewaterhouseCoopers. A Big 4 professional services firm as a distribution channel for a Bittensor subnet is the clearest possible proof that enterprise reseller relationships are viable in this ecosystem.

THREE DISTRIBUTION MODELS

MODEL 1 — API LICENSING

SignOra API

Enterprise partners integrate SignOra's sign language translation directly into their own products via API. EHR vendors, telehealth platforms, hospital communication systems. Per-call or annual license. No SignOra branding required. Lowest friction for technical partners.

MODEL 2 — SDK / EMBEDDED

SignOra SDK

Technology embedded directly into partner hardware or software. Tablet manufacturers, kiosk vendors, medical device companies. SDK license per device or per unit shipped. SignOra runs invisibly inside the partner's product at the point of care.

MODEL 3 — WHITE-LABEL

Powered by SignOra

Partners resell the full SignOra product under their own brand. ADA compliance consultants, healthcare IT resellers, VRI companies modernizing their offering. Partner owns the customer relationship. SignOra earns wholesale revenue at scale without direct sales overhead.

TARGET RESELLER PARTNER PROFILES

PARTNER TYPE	PILLAR	WHY THEY RESELL
Healthcare IT Resellers	Pillar 1	Already selling into hospitals. SignOra adds an ADA compliance product to their existing portfolio.
ADA Compliance Consultants	1 + 2	They advise facilities on compliance gaps. SignOra is the solution they recommend and earn margin on.
VRI Companies	Pillar 1	Facing disruption from AI. White-labeling SignOra lets them modernize without building the technology themselves.
Legal Tech Vendors	Pillar 2	Serving law firms and courts already. ADA compliance for deaf clients is a natural billable add-on.
Financial Services Tech	Pillar 2	Core banking and loan origination software. SignOra embeds directly into existing transaction workflows.
Accessibility Platforms	Pillar 3	Platforms already serving deaf users integrate SignOra as a premium real-time translation feature.
Robotics / AI Platforms	Pillar 4	Humanoid robotics and enterprise AI companies license the human expression understanding layer.

Timing: Reseller channel activates Year 2 — after at least 3 direct customer deployments with documented accuracy benchmarks. Partners need proof before staking their client relationships on a product. Direct sales builds the proof. Resellers scale it.