The Subscribing LEA and the Providerbound by the same terms of this DPA.	Sum Dog	_shall therefore be
BY:		
Printed Name: Jim Goltz	_	
Title/Position: Superintendent		
SCHOOL DISTRICT NAME: Elder Grove So	chool District	
DESIGNATED REPRESENTATIVE OF LEA	:	
Name_Jim Goltz		
Title Superintendent		
Address _ 1532 S 64th St West Billings, MT	<del></del> 59106	
Telephone Number 406-656-2893x4		
Email goltzj@eldergrove.k12.mt.us	 S	
	· <del></del>	
COUNTY OF LEA: Yellowstone		

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