| | 0-1-1-1 | |
|---------------------------------------|---------------|---------------------|
| The Subscribing LEA and the Provider | Spiash Learn | _shall therefore be |
| bound by the same terms of this DPA. | | |
| | | |
| BY: | | |
| Date: 08/24/2023 | | |
| , | | |
| Molicea Cabaitzmaia | v | |
| Printed Name: Melissa Schnitzmeier | <u> </u> | |
| D:-:-1/0 | | |
| Title/Position: Principal/Superintend | dent | |
| | | |
| | | |
| Diamaga | Cabaal | |
| SCHOOL DISTRICT NAME: Pioneer S | School | |
| | | |
| | | |
| DESIGNATED REPRESENTATIVE OF | LEA: | |
| | | |
| | * | |
| Name Melissa Schnitzmeier | | |
| Title Principal/Superintendent | | |
| Address 1937 Dover Road | - A | |
| Telephone Number (406) 373-535 | 7 | |
| Email schnitzmeier@pioneerscho | | |
| Lilian | | |
| | | |
| COUNTY OF LEA: | | |
| Yellowstone | | |

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