The Subscribing LEA and the Provider bound by the same terms of this DPA.	Crystal Kain	_shall therefore be
BY:	_	
Printed Name: Crystal Kain		
Title/Position: Information Service Spe	ecialist	
SCHOOL DISTRICT NAME: Polson S	School District 23	_
DESIGNATED REPRESENTATIVE OF	ELEA:	
Name Crystal Kain		
TitleInformation Service Spec	cialist	
Address 111 4th Avenue East, Polson M		
Telephone Number 406-883-6355	<u></u>	
Email ckain@Polson.k12.mt.us		
COUNTY OF LEA: Lake County		
Land Odding		

Page 15 of 15 © MTSBA MTDPA v3 with Exhibit A