Address:	
Phone:	Email:
The designated representative for the	e Provider for this DPA is:
Name:	Title:
Address:	
Phone:	Email:
WITNESS WHEREOF LEA and Provider eve	ecute this DPA as of the Effective Date.
	1
\[	
Dale Roberts	Date:
Dale Roberts	]

Title: Administrative Assistant Address: 4956 West 3500 South

Phone: <u>8013051450</u>

Email: ari.moreno@esperanzaelementary.org