

The Subscribing LEA and the Provider _____ shall therefore be bound by the same terms of this DPA.

BY: _____

Date: _____

Printed Name: _____

Title/Position: _____

SCHOOL DISTRICT NAME: _____

DESIGNATED REPRESENTATIVE OF LEA:

Name _____

Title _____

Address _____

Telephone Number _____

Email _____

COUNTY OF LEA:

~~DEA~~ Subscribing LEA and the Provider Cengage Learning, Inc. shall therefore be bound by the same terms of this

By: Kyle Pryor

Printed Name: Kyle Pryor

Date: 2023-12-27

Title/Position: Teacher

SCHOOL DISTRICT NAME: Miles City Elem

DESIGNATED REPRESENTATIVE OF LEA

Name: Heather Nelson

Title: IT Employee

Address: 1604 Main St Miles City, MT

Telephone Number: 406-234-4920

Email: hnelson@milescity.k12.mt.us

COUNTY OF LEA: Custer