The Subscribing LEA and the Provider _bound by the same terms of this DPA.	ASSISTments	_shall therefore be
BY: <u>Rounces</u> Date: 04/08/2020		
Printed Name: Sheila Chouinard		
Title/Position: Principal	······································	
SCHOOL DISTRICT NAME: Indeper	ndent School #52	
DESIGNATED REPRESENTATIVE OF	LEA:	
Name Sheila Chouinard		
Title Principal		
Address 2907 Roundup Road	d	
Telephone Number <u>406-259-8109</u>)	
Email chouinard@independent.k		
COUNTY OF LEA: Yellowstone		

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