The Subscribing LEA and the Provider $\frac{C}{C}$ bound by the same terms of this DPA.	ClassCraft Studios, Inc	_shall therefore be
BY:		
Printed Name: <u>Gary Myers</u>		
Title/Position: <u>Director of Educational</u>	<u>Tech</u> nology	
SCHOOL DISTRICT NAME: <u>Helena Pu</u>	ıblic Schools	_
DESIGNATED REPRESENTATIVE OF I	LEA:	
Name <u>Gary Myers</u>		
Title <u>Director of Educational Tech</u>		
Address <u>55 South Rodney Street,</u> Telephone Number <u>406-324-2028</u>	Helena, MT 59601	
Emailgmyers@helenaschools.org		
COUNTY OF LEA:		
_ewis and Clark County, Montana		

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