The Subscribing LEA and the Provider bound by the same terms of this DPA.	Edgenuity Inc.	_shall therefore be
BY:	-	
Printed Name:		
Title/Position: Network Administrator		
SCHOOL DISTRICT NAME: Hardin Scl	hool District	_
DESIGNATED REPRESENTATIVE OF	LEA:	
Name		
COUNTY OF LEA: Bighorn County		

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