

The designated representative for the LEA for this DPA is:

Name: Angela K. Armour Title: Director

Address: 202 Prairie St. Morrisonville, FL 62546

Phone: 217-526-8121 Email: angie.armour@midstatespec.org

The designated representative for the Provider for this DPA is:

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

IN WITNESS WHEREOF, LEA and Provider execute this DPA as of the Effective Date.

LEA:

By: Angela K. Armour Date: 6/24/21

Printed Name: Angela K. Armour Title/Position: Director

Provider:

By: _____ Date: _____

Printed Name: _____ Title/Position: _____