The Subscribing LEA and the Provider ___Read Theory LP___ 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:

_____

## EXHIBIT "B" LEA EMAIL SUFFIX LIST

1. "Email Suffix List" – List of all email suffixes used by LEA.
2. Service Provider will identify LEA's users by the registered email. LEA will notify the Service Provider of all email suffixes used by his users.
3. Any updates to the Email Suffix List can be notified to:
   Name: Sean Mournighan
   Email: Support@ReadTheory.org
4. LEA's supplied user email suffixes:


   1. _____@milescity.k12.mt.us_____


   2. _____


   3. _____


   4. _____


   5. _____