The Subscribing LEA and the Provider <u>Seesaw</u> shall therefore be bound by the same terms of this DPA.
BY:
Printed Name: Rawly Shi pMan
Title/Position: Superintendent
•
SCHOOL DISTRICT NAME: Dillon Elementary School Districtallo
DESIGNATED REPRESENTATIVE OF LEA:
Name Randy Ship Man
Title <u>Superintendent</u>
Address 22 1) Cofform Dr Dillon UT 59725
Telephone Number 400-683-4311
Email <u>(Shipman@ dillonelem. KL).</u> US
COUNTY OF LEA:

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