The Subscribing LEA and the Provider Scholashic bound by the same terms of this DPA.	_shall therefore be
BY:	
Printed Name: Jim Goltz	
Title/Position: Superintendent	
SCHOOL DISTRICT NAME: Elder Grove School District	_
DESIGNATED REPRESENTATIVE OF LEA:	
Name_Jim Goltz	
Title Superintendent	
Address 1532 S 64th St West Billings, MT 59106	
Telephone Number 406-656-2893x4	
Email goltzj@eldergrove.k12.mt.us	
COUNTY OF LEA: Yellowstone	

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