OPTIONAL EXHIBIT "A" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms Provider offers the same privacy protections found in this DPA between it and the LEA to any other school district ("Subscribing LEA") who accepts this General Offer though its signature below. The Provider agrees that the information on the next page will be replaced throughout the Agreement with the information specific to the Subscribing LEA filled on the next page for the Subscribing LEA. This General Offer shall extend only to privacy protections and Provider's signature shall not necessarily bind Provider to other terms, such as price, term, or schedule of services, or to any other provision not addressed in this DPA. The Provider and the Subscribing LEA may also agree to change the data provide by LEA to the Provider to suit the unique needs of the Subscribing LEA. The Provider may withdraw the General Offer in the event of:

(1) a material change in the applicable privacy statues; (2) a material change in the services and products subject listed in the Originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Provider shall notify the LEA in the event of any withdrawal so that this information may be transmitted to the Subscribing LEAs.

Provider's Name: PAXIS Institu	ute
BY: _ Min & Wilma	_{Date:} 09/07/2022
Printed Name:	
Miriam Willmann	•
Title/Position:	
Director of Technology	

2. Subscribing LEA (Local Education Agency)

A Subscribing LEA, by signing a separate Service Agreement with Provider, and by its signature below, accepts the General Offer of Privacy Terms. The Subscribing LEA's individual information is contained on the next page.

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MTDPA v3 with Exhibit A

		PAXIS Inst	itute	
The Subscribin	g LEA and the Provider _			_shall therefore be
bound by the s	ame terms of this DPA.			
BY:	Briau Patrick			
Date: 06 / 08 / 2023				
Printed Name:	Brian Patrick			
Title/Position: _	Director of Business Ope	rations		
SCHOOL DIST	RICT NAME: Great Fall	ls Public Sch	iools	
DESIGNATED	REPRESENTATIVE OF	LEA:		
Name Brian	Patrick			
	ctor of Business Operations	S		
Address 11	100 4th St S., Great Falls,	MT 59403		
Telephone N	umber <u>406-268-6050</u>			
Email <u>brian</u>	_patrick@gfps.k12.mt.us			
COUNTY OF L	EA:			
Cascade				

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Signature Certificate

Reference number: NHSC3-6UWCX-HX47F-4XLUK

Signer Timestamp

Brian Patrick

Email: brian_patrick@gfps.k12.mt.us

 Sent:
 08 Jun 2023 16:22:29 UTC

 Viewed:
 08 Jun 2023 16:26:50 UTC

 Signed:
 08 Jun 2023 16:27:05 UTC

Recipient Verification:

✓ Email verified 08 Jun 2023 16:26:50 UTC

IP address: 69.145.82.192

Signature

Location: Great Falls, United States

Brian Patrick

Document completed by all parties on:

08 Jun 2023 16:27:05 UTC

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