EXHIBIT "E" GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms			0.1	. D
Provider offers the same privacy protections found in this DPA between	ween it an	_{id [} Hillsbo	ro School	District
("Originating LEA") which is dated [09/02/2024], to any other	r LEA ("Sı	ubscribing LE	EA") who a	ccepts this
General Offer of Privacy Terms ("General Offer") through its signature	e below. T	his General	Offer shall e	extend only
to privacy protections, and Provider's signature shall not necessarily	bind Prov	ider to othe	er terms, suc	ch as price,
term, or schedule of services, or to any other provision not addressed	in this DP	A. The Provid	ler and the S	Subscribing
LEA may also agree to change the data provided by Subscribing LEA	to the Pr	ovider to su	it the uniqu	e needs of
the Subscribing LEA. The Provider may withdraw the General Offer	in the eve	ent of: (1) a i	material cha	ange in the
applicable privacy statues; (2) a material change in the services ar	nd produc	ts listed in t	he originati	ing Service
Agreement; or three (3) years after the date of Provider's signature	to this Fo	orm. Subscri	bing LEAs sl	hould send
the signed <u>Exhibit "E"</u> to Provider at	the	following	email	address:
Email to Send Exhibit E's				
[3P Learning Limited				
BY: Ravi Berry Digitally signed by Ravi Berry Date: 2024.09.02 15:04:28 +10'00'	Date	:C	9/02/2024	ļ
Printed Name: Ravi Berry Title/Positi	ion: Glob	al Technica	al Support I	Manager

2. Subscribing LEA

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 and the Provider shall therefore be bound by the same terms of this DPA for the term of the DPA between the [Hillsboro School District and the Provider. **PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. **

By: Leslie Roache Date: <u>2024-11-13</u>

Printed Name: <u>Leslie Roache</u> Title: <u>Director of Teaching & Samp</u>; Learning

SCHOOL DISTRICT NAME: Silver Falls School District 4J DESIGNATED REPRESENTATIVE OF LEA:

Name: <u>Brett Milliken</u> Title: <u>Director of IT</u>

Address: 612 Schlador Street

Phone: (503) 873-6331

Email: milliken_brett@silverfalls.k12.or.us