

EXHIBIT "E"
GENERAL OFFER OF PRIVACY TERMS

1. Offer of Terms

Provider offers the same privacy protections found in this DPA between it and Stanislaus County Office of Education ("Originating LEA") which is dated 05-24-2023, to any other LEA ("Subscribing LEA") who accepts this General Offer of Privacy Terms ("General Offer") through its signature below. 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 provided by Subscribing 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 statutes; (2) a material change in the services and products listed in the originating Service Agreement; or three (3) years after the date of Provider's signature to this Form. Subscribing LEAs should send the signed **Exhibit "E"** to Provider at the following email address:

scot@coughdrop.com

PROVIDER: _____ MayWare, LLC _____

BY: Scot Wahlquist Digitally signed by Scot Wahlquist
Date: 2023.05.24 17:34:04 -0600' _____ Date: 05-24-2023 _____

Printed Name: Scot Wahlquist _____ Title/Position: Director of Business Development, CoughDrop Division _____

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 Stanislaus County Office of Education and the Provider. ****PRIOR TO ITS EFFECTIVENESS, SUBSCRIBING LEA MUST DELIVER NOTICE OF ACCEPTANCE TO PROVIDER PURSUANT TO ARTICLE VII, SECTION 5. ****

LEA: Santa Rosa City Schools _____

BY:  _____ Date: 11/17/2023 _____

Printed Name: Lisa August _____ Title/Position: Associate Superintendent _____

SCHOOL DISTRICT NAME: Santa Rosa City Schools _____

DESIGNATED REPRESENTATIVE OF LEA:

Name: Lisa August _____

Title: Associate Superintendent _____

Address: 211 Ridgway Ave Santa Rosa CA _____

Telephone Number: 7078903800 _____

Email: laugust@srcs.k12.ca.us _____