The Subscribing LEA and the Provider	_shall therefore be
BY:	
Printed Name: Jim Goltz	
Title/Position: Superintendent	
SCHOOL DISTRICT NAME: Elder Grove School District	. <u> </u>
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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