

The Subscribing LEA and the Provider Remind shall therefore be bound by the same terms of this DPA.

BY: _____

Date: 04/07/2020

Printed Name: Sheila Chouinard

Title/Position: Principal

SCHOOL DISTRICT NAME: _____

DESIGNATED REPRESENTATIVE OF LEA:

Name Sheila Chouinard

Title Principal

Address 2907 Roundup Road

Telephone Number 406-259-8109

Email chouinard@independent.k12.mt.us

COUNTY OF LEA:

Yellowstone