The de	.:		anthia DDA ia			
ine des	signated represe	ntative for the LEA f	or this DPA is:			
		artnik				
Addres	s: 1500	Sargamon	Crete	IL	00417	
Phone:	708 - 367-	8364 Er	mail: :bartr	rikt@	cm dal u	. org
T h	•	unidad for the Door	dente all'a DDA			
		ntative for the Provi				0
Name:	Anto	Leof	Title	Gene	val Com	-
Addres	s: 99 W	Leof all St, #	4040, N	1. y. N	1, 1000	5
Phone:	503-929.	-2368 Er	mail: anton	@ Cla	ss+25.	con
IN WITNESS WHEREOF, LEA and Provider execute this DPA as of the Effective Date.						
LEA:						
LEA:		\sim		اماما	. 1	
Ву:			Date:	5/27 1.	21	
Printed Name:	Ted Bor	mik	Title/Position:	Enstru	ctional T	ech
Provider:						