

IN WITNESS WHEREOF, the parties have executed Agreement as of the dates shown below:

**Washington Learning Source**  
(Puget Sound ESD)

**Subscriber School District**

\_\_\_\_\_  
Signature

*Gail L. Sackman*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

*Gail L. Sackman*  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

*Superintendent*  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*10/11/10*  
\_\_\_\_\_  
Date

Send the **original** signed form to:

Angela Bolam  
Washington Learning Source  
Puget Sound ESD  
800 Oakesdale Ave. SW  
Renton, WA 98057