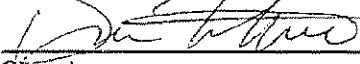


Washington Learning Source Membership Form
(For use by Washington State educational entities other than school districts)

NAME OF EDUCATIONAL INSTITUTION ST. LOUISE SCHOOL	ORGANIZATION TYPE: <input checked="" type="checkbox"/> PRIVATE SCHOOL <input type="checkbox"/> STATE DEPT. OF EDUCATION <input type="checkbox"/> HIGHER EDUCATION INSTITUTION <input type="checkbox"/> NONPROFIT EDUCATIONAL ORGANIZATION
CONTACT PERSON DAN KIRBY	CONTACT EMAIL danK@stlouiseschool.org
CONTACT PHONE 425-746-4220	CONTACT FAX 425-644-3294
MAILING ADDRESS LINE 1 133-156th Ave SE	CITY STATE ZIP Bellevue, WA 98007
LOGIN: (FOR WLS PURPOSES ONLY) dankirby	PASSWORD (FOR WLS PURPOSES ONLY) dankirby

On behalf of the agency specified herein, I, Superintendent and/or Chief Executive Officer of said agency, have reviewed and accepted:


 Signature
 Dan Fitzpatrick
 Printed Name
 Principal
 Printed Title

3-16-10
 Date Signed
 St. Louise School
 Agency Name

MAIL OR FAX YOUR COMPLETED FORM TO:
 Anne Allen, Director
 Washington Learning Source
 Puget Sound ESD
 800 Oakesdale Ave SW
 Renton, WA 98057
 (425) 917-7907 Fax