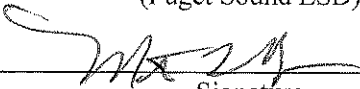


IN WITNESS WHEREOF, the parties have executed Agreement as of the dates shown below:

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

  
\_\_\_\_\_  
Signature

*Monte L. Bridges*  
\_\_\_\_\_  
Printed Name

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

*4/24/11*  
\_\_\_\_\_  
Date

**Subscriber School District**

  
\_\_\_\_\_  
Signature

*Justin Black*  
\_\_\_\_\_  
Printed Name

*Director of Curriculum, Assessment  
& Technology*  
\_\_\_\_\_  
Title

*4/13/2011*  
\_\_\_\_\_  
Date

Send the **original** signed form to:

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