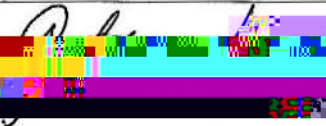

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To be completed by the Consultant Company (Applicant) and returned to the provider of the assessment program proposed and approved by the State Education Department.

Educational Vista 1. Name of Authorized Representative	 Authorized Representative
Peter A. Cooper 2. Name of Authorized Representative (PLEASE PRINT/TYPE)	6/16/2022 3. Date Signed
National Sales Manager 3. Title of Authorized Representative (PLEASE PRINT/TYPE)	
1. Name of LEA (PLEASE PRINT/TYPE)	4. Signature of School Representative
1. School Representative's Name (PLEASE PRINT/TYPE)	5. Date Signed
3. Title of School Representative (PLEASE PRINT/TYPE)	