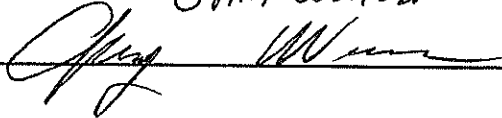


Signatures

The undersigned parties agree to adhere to the terms of this Cooperative Agreement.

PSAP Name: Cherry County / Kiyapaha County

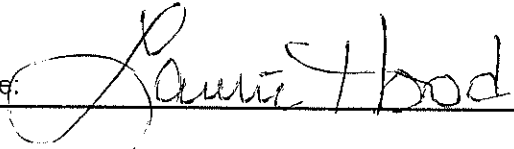
PSAP Representative: GARY WEAVER


Signature: _____

Date: 1-20-21

PSAP Name: Keith County PSAP Hooker County

PSAP Representative: Laurie Hood

Signature: 

Date: 1-20-2021