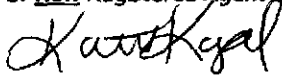
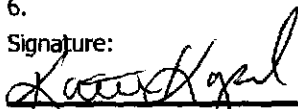


<b>No. C 172308</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/17/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>TRICIA MIDDLEY</del> Katie Kopel 3701 E LAKE FOREST DR BOISE ID 83716
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> TRAIL WIND PARENT TEACHER ORGANIZATION, INC. <del>JENIFER J PFAUTSCH</del> Katie Kopel 3701 E LAKE FOREST DR BOISE ID 83716		3. <b>New Registered Agent Signature.</b> 
4. <b>Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.</b>			
<b>Office Held</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
President	Katie Kopel	4702 E. Pegasus #	Boise ID Ada 83716
VP	Leann Cain	6049 Pierre	Boise ID Ada 83716
Treasurer	Sarah Severson	5261 S. Pegasus Way	Boise ID Ada 83716
Secretary	Julie Cortez	5395 S. Pegasus Way	Boise ID Ada 83716
5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>C 172308</b> </div>		6. Signature:  Name (type or print): Katie Kopel	
		Date: 7-1-14 Title: President	
Issued 07/07/2014 by online			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM