

No. C 172308		Due no later than Mar 31, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRAIL WIND PARENT TEACHER ORGANIZATION, INC. KATIE KOPEL 3701 E LAKE FOREST DR BOISE ID 83716		KATIE KOPEL 3701 E LAKE FOREST DR BOISE ID 83716		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
VICE PRESIDENT	LEANN CAIN	3701 E LAKE FOREST DR	BOISE	ID	USA	83716
SECRETARY	TAMMY JENKINS	3701 E LAKE FOREST DR	BOISE	ID	USA	83716-8371
PRESIDENT	KATIE KOPEL	3701 E LAKE FOREST DR	BOISE	ID	USA	83716-8371
TREASURER	SARAH SEVERSON	3701 E LAKE FOREST DR	BOISE	ID	USA	83716-8371
5. Organized Under the Laws of: ID C 172308		6. Annual Report must be signed.* Signature: katie kopel Name (type or print): katie kopel Date: 02/01/2016 Title: pto president				
Processed 02/01/2016		* Electronically provided signatures are accepted as original signatures.				