No. <b>C 174644</b>		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BRETT FO	BRETT FORREY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SHADOW HILLS PARENT/TEACHER ORGANIZATION, INC.  KRISTIN BAUMGARDNER  8301 W SLOAN ST  BOISE ID 83714		BOISE ID	8301 W SLOAN ST BOISE ID 83714  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
DIRECTOR MEG SCHULTZ DIRECTOR KRISTIN BAUMGARDNER			10434 W BLACKSTONE DR 9500 RIVERSIDE DR	BOISE BOISE	ID ID	USA USA	83714 83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 174644		Signature: Meg Schultz Name (type or print): Meg Schultz			Date: 06/12/2009 Title: Vice President			
Processed 06/12/2009 * Electronically provided signatures are accepted as original signatures.								