No. <b>C 210757</b>		Due no later than Aug 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALTURAS PARENT TEACHER TEAM INC. PO BOX 50892 IDAHO FALLS ID 83402		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				151 N RIDGE A IDAHO FALLS	JUSTINA GOODEN-HELTON 151 N RIDGE AVE IDAHO FALLS ID 83402  3. New Registered Agent Signature:*			
NO FILING F RECEIVED BY DO 4. Corporations: Enter N	UE DATE	ess Addresses of Pres	ident, Secretary, and Directors. Treas	surer (ontional)				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT VICE PRESIDENT	JUSTINA GOODEN-HELTON DANIELLE PITT		303 STILLWATER CIRCLE 4031 SILVERADO DR	IDAHO FALLS IDAHO FALLS	ID ID		83404 83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 210757		Signature: Theres		Date: 10/23/2017				
		Name (type or pri		Title: Treasurer				
Processed 10/23/2017		* Electronically provide	ded signatures are accepted as origina	al signatures.				