

|                                                                                                                                                        |                     |                                                                                                                                                      |           |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------|---------|-------------|--|
| No. <b>C 170186</b>                                                                                                                                    |                     | <b>Due no later than Dec 31, 2013</b>                                                                                                                |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>1. Mailing Address: Correct in this box if needed.</b><br>HEYBURN ELEMENTARY PTO, INC.<br>KATRINA M MILLS<br>1405 MAIN AVE<br>ST. MARIES ID 83861 |           | KATRINA MILLS<br>1405 MAIN AVE<br>ST MARIES ID 83861 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                      |           | 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 |  |
| PRESIDENT                                                                                                                                              | ALISSA MICHAEL      | 1405 MAIN AVE                                                                                                                                        | ST MARIES | ID                                                   | USA     | 83861       |  |
| SECRETARY                                                                                                                                              | JENNIFER FITZGERALD | 1405 MAIN AVE                                                                                                                                        | ST MARIES | ID                                                   | USA     | 83861       |  |
| TREASURER                                                                                                                                              | KATRINA MILLS       | 1405 MAIN AVE                                                                                                                                        | ST MARIES | ID                                                   | USA     | 83861       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 170186</b>                                                                                              |                     | 6. Annual Report must be signed.*<br>Signature: Katrina Mills<br>Name (type or print): Katrina Mills                                                 |           |                                                      |         |             |  |
| Date: 10/24/2013<br>Title: Treasurer                                                                                                                   |                     |                                                                                                                                                      |           |                                                      |         |             |  |
| Processed 10/24/2013                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                            |           |                                                      |         |             |  |