SCHOOL DISTRICT REPRESENTATIVE TO ANNUAL MEETING OF ARTE I RPTCS

____Please ✓ if having the same Representative for ARTEC RPTCS and/or ARTE, INC It will not be necessary to fill out all forms, unless the Representative is different.

| The Board of Trustees of _ | <u>Minidoka C</u> | <u>School</u> |
|--|------------------------------------|--|
| District appoints | | as its |
| Official representative to ARTE | I RPTCS. | |
| Mailing Address 310 10 th St | reet | |
| City_Rupert | State_ <u>ID</u> 2 | Zip Code <u>83350</u> |
| Business Phone <u>(208)436-4727</u> | Cell Phone | |
| Email | | |
| I understand that, as my Distric General Board, that I agree to re Meeting of ARTE I RPTCS the th on the College of Southern Idah | present my scho ird Wednesday o | ool district at the Annua of September at 7:00 AM |
| I also agree to attend any specia | al meetings of th | e Board if called. |
| | | |
| Name | Date | |