

**SCHOOL DISTRICT REPRESENTATIVE TO ANNUAL MEETING  
OF ARTE, INC**

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

The Board of Trustees of Kimberly School

District appoints \_\_\_\_\_ as its  
Official representative to ARTE, Inc.

Mailing Address 141 Center St W

City Kimberly State ID Zip Code 83341

Business Phone (208)423-4170 Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I understand that, as my District's Representative to the ARTE, Inc General Board, that I agree to represent my school district at the Annual Meeting of ARTE, Inc the third Wednesday of September at 7:00 AM on the College of Southern Idaho campus for the 2019-2020 school year.

I also agree to attend any special meetings of the Board if called.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date