No. W 97530		Due no later than Oct 31, 2011		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		TIMOTHY R SCHAAP				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NORTHWEST SAFETY TRAINING SERVICE LLC. TIM R. SCHAAP PO BOX 1586 CALDWELL ID 83606		2819 QUAIL MEADOW LOOP CALDWELL ID 83605 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Companies: E	nter Nar	nes and Addresse	es of at least one Member or Manager.					
Office Held Name	e		Street or PO Address		City	State	Country	Postal Code
MANAGER TIM S	SCHAAP	R SCHAAP	2819 QUAIL MEADOW LOOP		CALDWELL	ID	USA	83605
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 97530		Signature: Tim Schaap			Date: 08/22/2011			
		Name (type or print): Tim Schaap			Title: Manager			
Processed 08/22/2011 * Electronically provided signatures are accepted as original signatures.								