

# State of Idaho

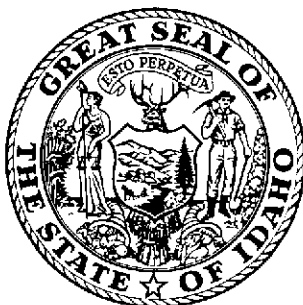
Office of the Secretary of State

**AMENDED CERTIFICATE OF REGISTRATION  
OF  
NORTHWEST EVALUATION ASSOCIATION  
dba NORTHWEST EVALUATION ASSOCIATION, INC.  
File Number C 152354**

I, LAWERENCE DENNEY, Secretary of the State, hereby certify that an Application for Amended Foreign Registration has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Foreign Registration to reflect the name change from NORTHWEST EVALUATION ASSOCIATION to **NWEA dba NWEA INC.** and attach hereto a duplicate of the application for such amended certificate.

Dated: December 13, 2016



*Lawrence Denney*  
SECRETARY OF STATE  
By *Christine*



# AMENDMENT OF FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$30 typed, \$50 not typed

Complete and submit the application in duplicate.

2016 DEC 13 AM 8:47

SECRETARY OF STATE  
STATE OF IDAHO

1. Entity name: Northwest Evaluation Association

2. The entity name is amended to: NWEA

a. If the new name is not available or permissible in Idaho, the name to be used in Idaho is:

NWEA Inc.

3. The entity type is amended to:

- |  |  |
|--|--|
| <input type="checkbox"/> Business Corporation          | <input type="checkbox"/> General Partnership   |
| <input type="checkbox"/> Nonprofit Corporation         | <input type="checkbox"/> General Cooperative Association   |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership) |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust           |
| <input type="checkbox"/> Other: _____                  |  |

4. The entity's jurisdiction is amended to: \_\_\_\_\_

5. The street and mailing address(es) of its principal office is amended to:

\_\_\_\_\_  
(Principal Office)

\_\_\_\_\_  
(Mailing Address, if different)

6. The name, capacity, and mailing address of the governor(s) is amended to:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Capacity)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Capacity)

\_\_\_\_\_  
(Address)

Typed Name: Jeffrey P. Strickler

Signature: Jeffrey P. Strickler  
DocuSigned by:  
46C05D7C74164F9

Capacity: President

Secretary of State use only

IDAHO SECRETARY OF STATE

12/13/2016 05:00

CK:4628 CT:69679 BH:1559253

1@ 30.00 = 30.00 AMD FOR RE #2

C152354

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

## Certificate of Existence 677M992L9

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

NWEA

is

a Nonprofit Corporation

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*



*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

*Jeanne P. Atkins*

JEANNE P. ATKINS, SECRETARY OF STATE

11/8/2016