No. W 32434		Due no later than Aug 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST ASSESSMENT SERVICES, LLC ALANE F WATKINS PO BOX 335 DEARY ID 83823		710 1ST AV	ALANE F WATKINS 710 1ST AVE DEARY ID 83823 3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ALANE F W	/ATKINS	PO BOX 335	DEARY	ID	USA	83823	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ala		Date: 06/15/2011				
W 32434		Name (type or		Title: Manager				
Processed 06/15/2011 * Electronically provided signatures are accepted as original signatures.								