No. C 53048		Due no later than Mar 31, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARYLOU TIEDE 28196 SETTLEMENT RD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.		d.				
		DISCOVER YOUR NORTHWEST JIM ADAMS 164 S JACKSON ST			LENORA ID 83541			
		SEATTLE WA 98104-3627		3.	3. New Registered Agent Signature:*			
4. Corporations: Ente	er Names and Busin	ess Addresses	of President, Secretary, and Directors. Trea	asurer (op	tional).			
Office Held	Name		Street or PO Address	(City	State	Country	Postal Code
DIRECTOR	MARK LEST	ER	164 S JACKSON ST	9	SEATTLE	WA	USA	98104
DIRECTOR	LORI BROCKMAN		164 S JACKSON ST	9	SEATTLE	WA	USA	98104
DIRECTOR	JIM CAPLAN		164 S JACKSON ST	S	SEATTLE	WA	USA	98104
5. Organized Under the Laws of:		6. Annual Rep	ort must be signed.*					
WA C 53048		Signature: Jim Adams			Date: 03/31/2010			
		Name (type or print): Jim Adams			Title: Executive Director			
Processed 03/31/201	0	* Electronically	provided signatures are accepted as origin	nal signatu	ıres.			