

No. C 119939		Due no later than Jun 30, 2014		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST ENERGY EFFICIENCY ALLIANCE, INC. KATHLEEN MCGUIRE 421 SW 6TH AVE STE 600 PORTLAND OR 97204		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JOHN FRANCISCO	INLAND POWER & LIGHT CO. PO BOX A	SPOKANE	WA	USA	99219
DIRECTOR	DON MCMASTER	COWLITZ COUNTY PUD PO BOX 3007	LONGVIEW	WA	USA	98632
DIRECTOR	THERESA DRAKE	IDAHO POWER COMPANY PO BOX 70	BOISE	ID	USA	93707
DIRECTOR	GREG DELWICHE	BONNEVILLE POWER ADMINISTRATIO PO BOX 3621	PORTLAND	OR	USA	97208
DIRECTOR	BOB STOLARSKI	PUGET SOUND ENERGY PO BOX 90868, EXT. 10-W	BELLEVUE	WA	USA	98009
DIRECTOR	LISA SCHWARTZ	OREGON DEPT. OF ENERGY 625 MARION ST. N.E.	SALEM	OR	USA	97301
DIRECTOR	MICHAEL JONES	SEATTLE CITY LIGHT PO BOX 34023	SEATTLE	WA	USA	98124
DIRECTOR	JOHN CHATBURN	ID OFFICE OF ENERGY RESOURCES PO BOX 83720	BOISE	ID	USA	83720-0098
DIRECTOR	BOB JENKS	CUB OF OREGON 610 SW BROADWAY, #400	PORTLAND	OR	USA	97205
DIRECTOR	PATRICK MCGARY	CLARK PUBLIC UTILITIES PO BOX 8900	VANCOUVER	WA	USA	98668
DIRECTOR	CHRIS ROBINSON	TACOMA POWER PO BOX 11007	TACOMA	WA	USA	98411
DIRECTOR	JEFF BUMGARNER	PACIFICORP 825 NE MULTNOMAH BLVD., #600	PORTLAND	OR	USA	97232
SECRETARY	MARGIE HARRIS	ENERGY TRUST OF OREGON 421 SW OAK ST., SUITE 300	PORTLAND	OR	USA	97204
PRESIDENT	JIM WEST	SNOHOMISH COUNTY PUD PO BOX 1107	EVERETT	WA	USA	98206-1107
VICE PRESIDENT	DEB YOUNG	NORTHWESTERN ENERGY 40 EAST BROADWAY	BUTTE	MT	USA	59701-1300
TREASURER	BRUCE FOLSOM	AVISTA UTILITIES-SPOKANE PO BOX 3727	SPOKANE	WA	USA	99220-3727
5. Organized Under the Laws of: OR C 119939		6. Annual Report must be signed.* Signature: Kathleen McGuire Name (type or print): Kathleen McGuire		Date: 04/15/2014 Title: Bus. Ops. Coordinator		
Processed 04/15/2014		* Electronically provided signatures are accepted as original signatures.				