No. C 140076	I	Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. NORTHWEST EXPERIENTIAL LEARNING FOUNDATION, INC. MONTE M MACCONNELL PO BOX 166 ARCO ID 83213 Dess Addresses of President, Secretary, and Directors. Treasurer of the second sec		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORTHWEST MONTE M N PO BOX 166			ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702				
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and F				3. New Registered Agent Signature:*				
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
DIRECTOR MONTE DIRECTOR PHIL GI	MACCONNELL L	PO BOX 566 21 ROLLING HILLS	ARCO KEARNEY	ID NE	USA USA	83213 68845		
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*						
ID	Signature: n	Signature: monte m macconnell			Date: 07/12/2018			
C 140076	Name (type	or print): monte m macconnell	Title: manager					
Processed 07/12/2018	* Electronically	* Electronically provided signatures are accepted as original signatures.						