No. W 41369		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		BRIAN J SIMPSON			
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. NORTHWEST MEDIATION SERVICES, LLC BRIAN J SIMPSON 320 E. NEIDER AVE SUITE 103 COEUR D ALENE ID 83815		320 E. NEIDER AVE SUIGE 103 COEUR D'ALENE ID 83815			
				3. New Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER BRIAN J SIMPSON		MPSON	601 E FRONT AVE NO. 902	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 41369		Signature: Brian J. Simpson		Date: 05/19/2015			
		Name (type or print)	Title: Manager				
Processed 05/19/2015 * Electronically provided signatures are accepted as original signatures.							