No. **W 20776**	**Due no later than Sep 30, 2009** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** NORTHWEST CENTER, LLC CATHERINE M MORRIS PO BOX 1332 LEWISTON ID 83501	MARY CATHERINE MORRIS 25586 MIDDLE TOM BEALL LAPWAI ID 83540 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	MARY CATHERINE MORRIS	3729 14TH ST	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 20776**	Signature: Catherine Morris	Date: 08/23/2009
	Name (type or print): Catherine Morris	Title: Owner Manager

Processed 08/23/2009

* Electronically provided signatures are accepted as original signatures.