

1.) CORPORATION NAME:

NORTHWEST EVALUATION ASSOCIATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

DUE DATE: **3/31/2011**

SCC ID NO: **F1543190**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5885 SW MEADOWS ROAD
SUITE 200

CITY/ST/ZIP: LAKE OSWEGO, OR 97035-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JIM ANGERMEYR			
TITLE:	DIRECTOR			
ADDRESS:	8900 PORTLAND AVE			
CITY/ST/ZIP/CO:	BLOOMINGTON, MN 55420-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LYNN FIELDING			
TITLE:	DIRECTOR			
ADDRESS:	114 VISTA WAY			
CITY/ST/ZIP/CO:	KENNEWICK, WA 98336-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MATTHEW CHAPMAN			
TITLE:	P/CEO			
ADDRESS:	121 NW EVERETT STREET			
CITY/ST/ZIP/CO:	PORTLAND, OR 97209-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RONALD BLOCKER			
TITLE:	DIRECTOR			
ADDRESS:	445 W AMELIA STREET			
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRENDA TANNER			
TITLE:	DIRECTOR			
ADDRESS:	1144 MEANDER RUN ROAD			
CITY/ST/ZIP/CO:	LOCUST DALE, VA 22948-			

NAME: JOSEPH WISE TITLE: DIRECTOR ADDRESS: 1093 A1A SOUTH #422 CITY/ST/ZIP/CO: ST AUGUSTINE, FL 32080-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DARLENE HOOLEY TITLE: DIRECTOR ADDRESS: 6122 SW RIVERPOINTE LANE CITY/ST/ZIP/CO: PORTLAND, OR 97239-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KENNETH WONG TITLE: DIRECTOR ADDRESS: 21 MANNING WALK CITY/ST/ZIP/CO: PROVIDENCE, RI 02912-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFF STRICKLER TITLE: SECRETARY ADDRESS: 121 NW EVERETT STREET STE 200 CITY/ST/ZIP/CO: PORTLAND, OR 97209-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JEFF STRICKLER	JEFF STRICKLER, SECRETARY	2/10/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		