

1.) CORPORATION NAME:

NORTHWEST EVALUATION ASSOCIATION

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1543190**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 121 NW EVERETT STREET

CITY/ST/ZIP: PORTLAND, OR 97209

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.

NAME:	MATTHEW CHAPMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	121 NW EVERETT STREET		
CITY/ST/ZIP/CO:	PORTLAND, OR 97209		
NAME:	JEFF STRICKLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	121 NW EVERETT STREET		
CITY/ST/ZIP/CO:	PORTLAND, OR 97209		
NAME:	JIM ANGERMEYR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2258 Whispering Trail		
CITY/ST/ZIP/CO:	Eagan, MN 55122		
NAME:	RONALD BLOCKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5318 Faywood Court		
CITY/ST/ZIP/CO:	ORLANDO, FL 32819		
NAME:	LYNN FIELDING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	114 VISTA WAY		
CITY/ST/ZIP/CO:	KENNEWICK, WA 98336		
NAME:	DARLENE HOOLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6122 SW RIVERPOINTE LANE		
CITY/ST/ZIP/CO:	PORTLAND, OR 97239		

NAME: BRENDA TANNER TITLE: DIRECTOR ADDRESS: 1144 MEANDER RUN ROAD CITY/ST/ZIP/CO: LOCUST DALE, VA 22948	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH WISE TITLE: DIRECTOR ADDRESS: 772 Ocean Palm Way CITY/ST/ZIP/CO: ST AUGUSTINE, FL 32080	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH WONG TITLE: DIRECTOR ADDRESS: 340 Brook Street CITY/ST/ZIP/CO: PROVIDENCE, RI 02912	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PHILIP STREIFER TITLE: DIRECTOR ADDRESS: 118 Perkins Road CITY/ST/ZIP/CO: Sanbornton, NH 03266	<input type="checkbox"/> OFFICER	<input checked="" 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/ MATTHEW CHAPMAN	MATTHEW CHAPMAN, P/CEO	1/25/2013
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.		