

1.) CORPORATION NAME:

NORTHWEST CASCADE, INC.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1669995**

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:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10412 JOHN BANANOLA WAY E

CITY/ST/ZIP: PUYALLUP, WA 98374

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:	JOHN M DIKLICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2502 32ND AVENUE S		
CITY/ST/ZIP/CO:	SEATTLE, WA 98144		
NAME:	STEPHEN BARGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2704 GARFIELD ROAD		
CITY/ST/ZIP/CO:	TACOMA, WA 98403		
NAME:	MARK R PERRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	402 ARTILLARY DRIVE		
CITY/ST/ZIP/CO:	PIERRE, SD 57501		
NAME:	DONALD GORSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5026 BUTTERWORTH ROAD		
CITY/ST/ZIP/CO:	MERCER ISLAND, WA 98040		
NAME:	GARY MARIANI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6703 NE 52ND ST		
CITY/ST/ZIP/CO:	VANCOUVER, WA 98661		
NAME:	GREG POTTS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	17916 1106 ST E		
CITY/ST/ZIP/CO:	BONNEY LAKE, WA 98391		

NAME: MIKE BROWNSFIELD TITLE: DIRECTOR ADDRESS: 2617 SPRINGWATER LANE CITY/ST/ZIP/CO: JACKSON, NY 83001	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: HARVEY JONES TITLE: DIRECTOR ADDRESS: 1415 E ROY STREET CITY/ST/ZIP/CO: SEATTLE, WA 98112	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JOHN M DIKLICH	JOHN M DIKLICH, PRESIDENT	5/9/2013
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.