

1.) CORPORATION NAME:

NORTHWEST CASCADE, INC.

DUE DATE: **6/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1669995**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

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.

<p>NAME: CARL LILIEQUIST TITLE: PRESIDENT ADDRESS: 18807 135TH AVE SE CITY/ST/ZIP/CO: RENTON, WA 98058</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: GREG POTTS TITLE: TREASURER ADDRESS: 17916 1106 ST E CITY/ST/ZIP/CO: BONNEY LAKE, WA 98391</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MARK R PERRY TITLE: CHAIRMAN ADDRESS: 402 ARTILLARY DRIVE CITY/ST/ZIP/CO: PIERRE, SD 57501</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MIKE BROWNSFIELD TITLE: DIRECTOR ADDRESS: 2617 SPRINGWATER LANE CITY/ST/ZIP/CO: JACKSON, NY 83001</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DONALD GORSKI TITLE: DIRECTOR ADDRESS: 5026 BUTTERWORTH ROAD CITY/ST/ZIP/CO: MERCER ISLAND, WA 98040</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HARVEY JONES TITLE: DIRECTOR ADDRESS: 1415 E ROY STREET CITY/ST/ZIP/CO: SEATTLE, WA 98112</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

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		
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/ CARL LILIEQUIST	CARL LILIEQUIST, PRESIDENT	5/27/2015	
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.			