

1.) CORPORATION NAME:

**Doyon Development Corporation**

DUE DATE: **8/31/2011**

SCC ID NO: **F1834078**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**C T CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AK**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 33810 WEYERHAEUSER WAY S  
STE 100

CITY/ST/ZIP: FEDERAL WAY, WA 98001-9624

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: ORIE WILLIAMS  OFFICER  DIRECTOR  
 TITLE: CHAIRMAN  
 ADDRESS: 1 DOYON PLACE  
 SUITE 300  
 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941

NAME: MIRANDA WRIGHT  OFFICER  DIRECTOR  
 TITLE: Sec/Treas  
 ADDRESS: 1 DOYON PLACE  
 SUITE 300  
 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941

NAME: AARON SCHUTT  OFFICER  DIRECTOR  
 TITLE: PRESIDENT  
 ADDRESS: 1 DOYON PLACE  
 SUITE 300  
 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941

NAME: KEVIN SLATTERY  OFFICER  DIRECTOR  
 TITLE: VICE PRESIDENT  
 ADDRESS: 33810 WEYERHAEUSER WAY S  
 SUITE 100  
 CITY/ST/ZIP/CO: FEDERAL WAY, WA 98001-9624

NAME: ALLEN TODD TITLE: ASST SECRETARY ADDRESS: 1 DOYON PLACE SUITE 300 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JENNIFER FATE TITLE: DIRECTOR ADDRESS: 1 DOYON PLACE SUITE 300 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGIANNA LINCOLN TITLE: DIRECTOR ADDRESS: 1 DOYON PLACE SUITE 300 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VICTOR NICHOLAS TITLE: DIRECTOR ADDRESS: 1 DOYON PLACE SUITE 300 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: CHERYL SILAS TITLE: DIRECTOR ADDRESS: 1 DOYON PLACE SUITE 300 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TEISHA SIMMONS TITLE: DIRECTOR ADDRESS: 1 DOYON PLACE SUITE 300 CITY/ST/ZIP/CO: FAIRBANKS, AK 99701-2941	<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/ ALLEN TODD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALLEN TODD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
9/30/2011 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.	