

1.) CORPORATION NAME:

**Ecova, Inc.**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WA**

DUE DATE: **1/31/2012**

SCC ID NO: **F1849001**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 50,000,000 |
| PREFER | 2,185,399  |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1313 N ATLANTIC  
SUITE 5000

CITY/ST/ZIP: SPOKANE, WA 99201-

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: ERIK J ANDERSON  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 3720 CARILLON POINT  
 CITY/ST/ZIP/CO: KIRKLAND, WA 98033-

NAME: KRISTIANNE BLAKE  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: PO BOX 28338  
 CITY/ST/ZIP/CO: SPOKANE, WA 99228-

NAME: JOHN F KELLY  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 142 ISLA DORANDA BLVD  
 CITY/ST/ZIP/CO: CORAL GABLES, FL 33143-

NAME: CRAIG LEVINSOHN  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: ONE MERRILL CIRCLE  
 CITY/ST/ZIP/CO: ST PAUL, MN 55108-

NAME: JEFF LIEBERMAN  OFFICER  DIRECTOR  
 TITLE: DIRECTOR  
 ADDRESS: 680 FIFTH AVENUE 8TH FLOOR  
 CITY/ST/ZIP/CO: NEW YORK, NY 10022-

|  |   |                                  |  |
|--|---|----------------------------------|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | SCOTT L MORRIS<br>DIRECTOR<br>1411 E MISSION AVENUE<br>SPOKANE, WA 99202- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|----------------------------------|--|

|  |   |   |  |
|--|---|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JEFF HEGGEDAHL<br>PRESIDENT<br>1313 N ATLANTIC SUITE 5000<br>SPOKANE, WA 99201- | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|---|---|--|

|  |  |   |                                   |
|--|--|---|-----------------------------------|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | GENE LYNES<br>CFO<br>1313 N ATLANTIC<br>STE 5000<br>SPOKANE, WA 99201- | <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.

|   |                                  |                  |
|---|----------------------------------|------------------|
| <u>/s/ GENE LYNES</u>                               | <u>GENE LYNES, CFO</u>           | <u>1/26/2012</u> |
| 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.