

1.) CORPORATION NAME:

Ecova, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1849001**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

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

NAME:	GENE LYNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1313 N ATLANTIC STE 5000		
CITY/ST/ZIP/CO:	SPOKANE, WA 99201		

NAME:	ERIK J ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3720 CARILLON POINT		
CITY/ST/ZIP/CO:	KIRKLAND, WA 98033		

NAME:	KRISTIANNE BLAKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 28338		
CITY/ST/ZIP/CO:	SPOKANE, WA 99228		

NAME:	JOHN F KELLY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	142 ISLA DORANDA BLVD		
CITY/ST/ZIP/CO:	CORAL GABLES, FL 33143		

NAME:	CRAIG LEVINSOHN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE MERRILL CIRCLE		
CITY/ST/ZIP/CO:	ST PAUL, MN 55108		

NAME:	JEFF LIEBERMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	680 FIFTH AVENUE 8TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10022		

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

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/ GENE LYNES	GENE LYNES, CFO	3/13/2014
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.