Sanborn Lisa Form 5									
May 14, 201						OMB A	APPROVAL		
FORM	-	STATES SEC	UDITIES AT	ND EXCHANGE	COMMISSION	OMB	3235-0362		
Check this	s box if		Vashington,		Number.	January 31,			
no longer to Section Form 4 or 5 obligatio may conti <i>See</i> Instru	n 16. r Form ANN ons inue.		IENT OF CHANGES IN BENEFICIAL ERSHIP OF SECURITIES			Expires: 200 Estimated average burden hours per response 1			
1(b).	Filed pur oldings Section 17((a) of the Public	Utility Hold	Securities Exchan ing Company Act Company Act of 19	of 1935 or Sectio	on			
Sanborn Lisa A Symbol NORT			ol THWEST	icker or Trading	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)		(Mont 05/11	ement for Issuer h/Day/Year) /2012	r's Fiscal Year Ended	Director 10% Owner X Officer (give title Other (specify below) below) Principal Accounting Officer				
421 WEST	RIVERSIDE, SU	JITE 113			Timeipu				
	(Street)		mendment, Dat Month/Day/Year)	nth/Day/Year)			oint/Group Reporting		
SPOKANE	, WA 99201				_X_ Form Filed by Form Filed by Person	One Reporting More than One I			
(City)	(State)	(Zip) T	able I - Non-De	erivative Securities A	cquired, Disposed o	of, or Beneficia	ally Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.			contained	Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.					
	Tab			ired, Disposed of, or 1 options, convertible s					

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and	8. Price of	9.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration Date	Amount of	Derivative	of
Security	or Exercise		any	Code	of	(Month/Day/Year)	Underlying	Security	D
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e	Securities	(Instr. 5)	Se

Derivative Security	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			(Instr	. 3 and 4)	
	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

Reporting Owners

Reporting Owner Name / Address	Relationships						
r g to to to to to	Director	10% Owner	Officer	Other			
Sanborn Lisa A 421 WEST RIVERSIDE, SUITE 113 SPOKANE, WA 99201	Â	Â	Principal Accounting Officer	Â			
Signatures							
Holly Poquette, by power of attorney	05/14/	2012					
<u>**</u> Signature of Reporting Person	Da	te					
Explanation of Responses:							

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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